THE AMERICAN

MEDICAL MONTHLY.

FEBRUARY, 1859.

ESSAYS, MONOGRAPHS, AND CASES.

Croup: Its Treatment by Cauterization and Catheterism of the Larynx.

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[Read before the Academy of Medicine, Jan. 5th, 1859.]

The observations, which at this time I have the honor to bring before the Academy, are founded upon some interesting scientific intelligence which I have recently received from Prof. Trousseau, of Paris, in relation to some important and late improvements (by the French so considered) in the treatment of croup, and other diseases of the air-passages. Prof. Trousseau, in his letter, describes minutely what has been called the "Method of M. Loiseau," and recommends the adoption of this plan in the treatment of these diseases in this country, particularly in membranous croup and diphtherite.

This plan of topical medication, to which M. Trousseau alludes in his communication, was first brought before the profession of France in a paper presented by M. Loiseau to the Academy of Medicine of Paris, at one of the sittings of that body, in 1857, and which was entitled:

"*A simple and easy method of entering the air-passages in order to cauterize them, or to extract false membranes; to dilate the glottis; to introduce substances used in the treatment of croup, either in the form of liquid or powder, and finally to take the place of tracheotomy.*"

The method is thus described by M. Trousseau: "It was after M. Loiseau," he says, "had seen several children, attacked with croup, die of the disease, that he invented some instruments, and a method of operating, for entering the larynx, as the pharynx is entered." I should here state what Prof. Trousseau has with great candor admitted in his letter, that, although he formerly believed (as he has publicly announced) that the sponge probang used by myself, and others, for cauterizing the trachea, was more frequently introduced into the pharynx than the larynx, yet he now believes what, he says, *has been demonstrated to him by examples, that those who have skill do enter the trachea in this operation*—an admission, alike honorable to himself, and worthy of imitation.

"This method of M. Loiseau," continues Prof. Trousseau, "is simple and infallible. He protects the metacarpal phalanx of the left index finger by a metallic ring two or three centimetres in height, and introduces it rapidly and deeply into the mouth, so that the ring may be placed between the molar teeth, and keep the jaws apart. With the extremity of the finger which is free, he depresses the tongue, seizes the epiglottis, raises it, and presses the end of the finger between the aryteno-epiglottic folds. There is, then, nothing more easy than to make the end of the tube, which is only the tube of Chaussier, glide over the finger. The air which escapes through the exterior extremity of the tube proves that it has really entered into the larynx. Through this tube, serving as a conductor, a caustic, the nitrate of silver for example, or any other medicated substance, may be carried in the curette of a flexible metallic shank." * * * "This operation of catheterism of the larynx," says Prof. Trousseau, "is considered as a very good means for taking the place of tracheotomy, and, at all events should be tried before practicing that operation."

On the reading of the paper of Loiseau, to which I have referred, before the Academy, MM. Trousseau and Blache were appointed a commission to report on the same; and their report, made at a subsequent meeting, was highly favorable to the plan of M. Loiseau, and was unanimously adopted by the Academy. The discussion that followed the report of the commission is of great interest. It may be found in the *Union Medicale* for August 27, 1857, and also in the MEDICAL MONTHLY for November, 1857. M. Depaul, alluding, in the discussion, to the declaration of the commission that the process of catheterism of the larynx, as had been proposed, was very difficult of performance, said, "but I maintain that nothing is easier than this catheterism for those that have performed it a certain number of

times." He did not, however, consider it equal in value to tracheotomy.

"The operations of tracheotomy upon the larynx," said M. Piorry, "for diseases which are most frequently only secondary, are perhaps too much esteemed. In these cases the operations only shorten life, for they are useless in curing the primitive lesion. * * * The operation of M. Loiseau, which, at least, is exempt from the dangers of tracheotomy, is preferable to the last." M. Velpeau declared that to M. Loiseau "belonged the merit of having called attention to the subject." "Thanks to his memory," he continued, "we know that croup can be cured without operating for tracheotomy. That is a great deal. * * * I believe the operation recommended by M. Loiseau is a good one. While diphtheritis is at the opening of the air-passages it is curable, and M. Loiseau has ascertained that it is not difficult to carry medications into the larynx."

The learned editor of the *Gazette Medicale de Paris*, in alluding to the discussion of the Academy, says of laryngeal cauterization: "As a therapeutical means it merits a more serious attention. What is the relation of cauterization to croup? It is a powerful energetic means, *the only one which up to this time has really succeeded.* When the disease is limited to the upper part of the air-passage we cauterize, and all practitioners agree that this means is truly of great benefit. What is laryngeal cauterization other than carrying beyond the limits of ordinary cauterization a remedy recognized as good, efficacious, not only against the essence of the disease itself, but also against the pathological secretion? Laryngeal cauterization is, then, in this respect, much superior to tracheotomy. Experience seems to have already confirmed these theoretical hopes—future experience will say much more of it."*

In the *Gazette Hebdomadaire* for August 27, 1857, the editor, after calling attention to the fact that cauterization in croup has been employed in America, adds: "The *Gazette Hebdomadaire* has translated or analyzed papers upon this subject, published in America and England; it has been careful in making the most express reserves both upon the possibility of the operation itself, and its practical value; but all these reserves are an additional reason for desiring that these experiments should be repeated by us, with that attention which the authority and the honorable position of our American *confréres* com-

* Gazette Medicale de Paris, August 29, 1857; also, translation in MEDICAL MONTHLY, Nov., 1857, pp. 321–2.

mand. M. Loiseau, anticipated, as is seen in every particular, gives us, however, a useful example, and his merit will still be great if he succeeds in introducing into common use a practice worthy of more attention that it has yet received."

In describing the instruments employed by M. Loiseau, in the following number of the Gazette Hebdomadaire, (September 4,) and his method of operating, the editor remarks: "M. Loiseau affirms that he penetrates with these instruments much further than the larynx, even to the bifurcation of the trachea. It is seen that this is a repetition (extended and perfected) of the American processes, so much the more remarkable that it dates, in the knowledge of many persons, from a period when the labors of Americans were not known in France, and, perhaps, were not commenced."* Still later, in November 9, 1857, the French journals contain the history of a case of diphtheritis, treated successfully by catheterism and cauterization of the larynx, in the practice of Prof. Trousseau. The MEDICAL MONTHLY for January, 1858, contains the following case, translated from the Gazette Hebdomadaire, of the 6th of November, the successful treatment of which is termed by the editor a "Therapeutical Conquest of great importance."

"An application of the instruments of M. Loiseau has just taken place in the service of M. Trousseau, who made a very favorable report upon it, at the Academy. * * * * * * The application of the instrument was upon a little girl, four years old, who entered Hotel Dieu, October 9th, for diphtheritis, affecting exclusively the tongue, and accompanied by a slight engorgement of the submaxillary glands. The weak voice and hoarse cough, however, announced that the larynx was beginning to be affected. The cauterization of the tongue, at first with a stick of the nitrate of silver, and afterwards with a solution of the sulphate of copper, insufflations of tannin, and of alum, in the pharynx, the internal use of the chlorate of potass, brought about some diminution in the extent of the false membranes. The other symptoms persisted, and some fever arose. The evening of the 23d, according to the instructions left by

* In the introduction of my work on "Diseases of the Respiratory Organs," it is stated that: "On the 26th of November, 1838, the Rev. Mr. Tilden, of Vermont, who had suffered many months under follicular laryngitis, came under my care, and was treated successfully by topical applications of the nitrate of silver to the pharynx and larynx. During the year 1839, I treated many cases of chronic laryngitis by cauterizations of the larynx and trachea. These cases were reported before the New York Medical and Surgical Society, as the records of that Society will show."

M. Trousseau, the chef de clinique, M. Blondeau operated for catheterism of the larynx, after the process of M. Loiseau.

"The first phalanx of the index finger of the left hand being armed with a metallic thimble, the operator opened the mouth of the child by means of a spoon, and introduced the guarded finger. Along this finger the operator carried rapidly a metallic sound, supplied with two fenestræ, and properly curved at its extremity. In this manner he readily reached the larynx, when the finger holding the epiglottis raised, permitted easy access. The fact that the sound had actually penetrated into the air-passages was announced by the noise which the air made in escaping through the instrument. Through this was immediately thrown a caustic injection, (a saturated solution of the sulphate of copper,) then the sound was withdrawn. The whole operation—the introduction of the finger, the catheterism, the injection—required hardly a few seconds.

"A remarkable fact, and which M. Blondeau, who performed this operation for the first time, did not anticipate, was, that the operation did not appear at all painful to the child, except at the moment when the finger was introduced into the mouth, and the epiglottis raised. It was only then that the child struggled. As to the catheterism, and the injection itself, she bore them wonderfully well.

"Another proof that the sound was really in the larynx, and even in the trachea, is that the injection of a considerable quantity of the caustic solution produced neither vomitings nor nausea; and it is well known that a very small quantity only of the sulphate of copper, taken into the stomach, is necessary for provoking not only painful desires to vomit, but excessive vomitings. Nothing of the kind, however, took place, and the patient rejected by the canula only a little viscid mucus, evidently coming from the bronchial apparatus.

"The next morning, the 24th, the voice had regained in a great degree its clearness.

"A second catheterism was nevertheless made, this time by Prof. Trousseau himself, (who was also bitten by the child, yet succeeded in making the operation.) In the evening the operation was again repeated, but this time the finger was better protected, by a slight modification in the form of the ring, the superior face of it being increased in size. The catheterism performed by M. Trousseau was witnessed by Dr. Bouchut, who, as well as all the assistants, acknowledged not only the facility, but the harmlessness, you can say the benignity even of this operation.

"The morning of the 25th, the catheterism was performed for the

last time. The condition of the patient very much improved, the voice was clearer, the lingual diphtheritis had almost disappeared.

"The 28th, the child was in a state of convalescence, although the voice remained a little hoarse."

Quite recently, in a number of the *Gazette Hebdomadaire*, as late as that of the 17th of September, 1858, is an account of several cases of membranous croup, treated by cauterization of the larynx. One case, which is reported by M. Gros, and is represented as having been one of great severity, was that of a child, five years old; robust, and of an excellent constitution.

The employment of emetics, and other remedies, together with cauterizations, with a solution of nitrate of silver, to the fauces and pharynx, afforded for a time some relief, by a removal of portions of the false membranes. But notwithstanding the symptoms increased in severity, for the diphtheritic inflammation had reached the larynx and trachea, as was indicated by the intense tracheal râle, the croupal cough, and the frequent accessions of threatened suffocation. MM. Trousseau and Loiseau were called in consultation. M. Loiseau immediately practised catheterism of the larynx, introducing the sound, and injected into the larynx and trachea a solution of nitrate of silver. "This operation," says M. Gros, "was accompanied neither by suffocation nor by any other accident; and on withdrawing the sound it was found to be filled with thick white false membranes." The following night was passed much more calmly than the preceding; respiration much easier, and the attacks of suffocation almost entirely absent. But on the next day, the fauces and pharynx presenting an appearance less favorable, M. Loiseau practised a second catheterism, followed by an injection of a solution of tannin. At 4 o'clock on this day the patient was seen by M. Trousseau, who, although highly gratified with the improved condition of the case, still believed, inasmuch as the voice and cough was yet croupal, that notwithstanding the amelioration of the symptoms, this condition would not continue, and that the operation of tracheotomy would be required. The improvement, however, continued, and on the day subsequent to the visit of M. Trousseau, and the one on which he proposed to operate, many portions of false membrane were expelled, which presented the appearance of having come from the air-passages. As a precaution, M. Loiseau practised a third catheterism of the larynx, followed, as in the last instance, by an injection of tannin. From this moment no farther medication was employed.

The nourishment of the patient was gradually increased, and she soon perfectly recovered.

"This fact," says the learned editor of the Gazette Hebdomadaire, "has an important practical signification, and speaks loudly in favor of the advantages which may be derived from catheterism of the air-passages, and from topical application, carried by this measure directly into the larynx and trachea."*

Now it is this plan of topical medication, denominated by the French journals all along as "the method of M. Loiseau," and described by them as a *new* manner of treating diseases of the air-passages, that Prof. Trousseau in his letter, to which I have referred, describes and commends as a most important measure in the treatment of diphtheritic inflammation, and recommends its adoption. Indeed, this eminent practitioner now discourages the employment of all the ordinary violent remedies, such as severe vomiting, blisters, leeches, &c., &c., and depends upon direct catheterism or cauterization of the air-passages, followed, if this measure is unsuccessful, by tracheotomy. His method of performing this last operation, M. Trousseau has described to me (heretofore) very minutely, and this description I shall presently give. But I trust that the members of the Academy will pardon me, if I first ask their attention to a brief rehearsal of what has been done in this country, and particularly by the members of this Academy, long since, in the advocacy and employment of topical therapeutical measures in the treatment of croup—measures which are now claimed very generally by the French profession as peculiarly their own; albeit, many of those French practitioners and journalists who now advocate the practice, were, but quite recently, among the number who doubted, and even denied the possible practicability of these same measures.

It will be recollected by some portion of the profession, that over ten years ago, namely, in 1848, the writer published a small treatise "On the Pathology of Croup, and its Treatment by Topical Medications," in which essay the declaration was made, that the practice of making topical applications of medicinal agents into the larynges of young children, for the treatment of membranous croup, is a plan enterely practicable, safe, and, when judiciously employed, "*in the highest degree efficacious.*"

This method of treating a disease, hitherto so generally unmanageable, was founded among others, upon the following propositions (which were then advanced, with regard to the pathology of the dis-

* Gazette Hebdomadaire, September 17, 1858, p. 660.

ease,) namely, "That the essential characteristics of true croup consist in an inflammation of the excreting surfaces of the fauces, larynx, and trachea, which is always productive of a membranaceous or an albuminous exudation.

"2. That the membranaceous concretion, which is found coating the inflamed mucous surface of the parts in croup, is an exudation, not from the membrane itself, but is secreted principally by the muciparous glands, which so abundantly stud the larynx and trachea.

"3. That the exudative inflammation commences, invariably, in the superior portion of the respiratory passages, and extends from above downwards, never in the opposite direction."

In this work eleven cases are recorded, in the treatment of which cauterizations of the larynx were employed, and relied upon as among the most efficient of the measures adopted. The date of the first case of croup, recorded as having been thus treated, is on the 20th of November, 1842; although cauterizations of the larynx and trachea, in the treatment of diseases of these organs in adults, had been employed as early as November, 1838.

Since the publication of the above Treatise, in which this mode of treatment is advocated, the author has had the opportunity of treating many cases of croup on the plan deduced from these views of its pathology—the histories of many of which have never been published—and with an amount of success that has afforded a high degree of encouragement and satisfaction.

I have also received from medical men, in different parts of the United States, as well as from members in Europe, the history of many cases of membranous croup, wherein topical measures, in their hands, have proved effectual in arresting the disease.

To compare the American method with that employed by M. Loiseau, and to show that in both plans the cauterization of the air-passages is the end aimed at, and that this end was attained in this country a long time antecedent to the French operations, I shall give, in a brief manner, the history of several cases which were thus treated.

Having relinquished some years ago, (as it is generally known to the profession,) my attendance upon out-door patients, I have not consequently had many cases of this disease recently under my notice. A few, however, of great interest have been observed, and to these I shall refer.

CASE I.—On the morning of the 31st of December, 1855, Dr. J. O. Smith, a member of the Academy, called at my office, and requested

me to visit with him the daughter of Mr. Hachagne, of Prince Street, who was very ill with the croup. To my invariable objection, that I visited no patients away from my office, Dr. Smith urged the severity and danger of the case, and the distress and anxiety of the parents. In short, I was taken into his carriage and carried to the house of the patient. The child, four years of age, who had been four days sick, was exhibiting all the characteristic symptoms of true croup, in an advanced stage, and of a very severe grade. The countenance of the patient appeared anxious, the face had lost its natural color, the voice was stifled, the respiration very difficult and of a hissing character, and the whole symptoms indicated imminent danger from approaching asphyxia.

The ordinary remedies having been faithfully tried by Dr. Smith, he requested that cauterization of the larynx should be immediately employed. Assisted by the doctor, I passed a small sponge armed probang, saturated with a solution of nitrate of silver, (℈ij. to ℥j. of water,) into the larynx and trachea. After a delay of some ten or fifteen minutes the operation was repeated in the same manner. I am not aware that any other medical treatment was employed. The next morning, January 1st, Dr. Smith called on me, and stated that the symptoms had somewhat improved during the day, and that the following night was passed with less distress than had occurred on the preceding; but that the child was still dangerously sick, and the operation must be repeated. I accompanied Dr. Smith, and found his patient as he had stated—certainly no worse, but still presenting a very unfavorable appearance. Cauterizations were again employed, as on the preceding day. After the second application of the caustic, the symptoms soon diminished in severity, and during the day and night of the first of January the improvement continued. At ten o'clock on the morning of the 2d, when we called, we found a marked and most favorable change had taken place in our patient. A single application was made on this day, and ultimately the child recovered perfectly.

Case II.—I was called, Dec. 15, 1853, to visit a case of croup, which had been treated nearly a week by two homœopathic doctors of this city. I refused to go. The father of the patient then stated that his child had been abandoned by the doctors, who considered the case quite hopeless; but that his son was still living, and he begged I would visit him, and endeavor to save his life. I stated to my assistant, Dr. Richards, that I would see the patient once, if he would then take charge of the case. We found the child, a little boy, four and a half

years of age, struggling for breath, in the last stage of membranous croup, apparently dying of the disease. It is unnecessary to describe at length the symptoms. The difficult stridulous respiration, the suppressed cough, the pallid countenance, and livid lips exhibited at once the urgency of the symptoms, and the danger of suffocation. The previous medication we could not ascertain, except that *antimony** had been freely given, and the child had been repeatedly and severely vomited. A small armed probang, the sponge saturated in a strong nitrate of silver solution, was passed with some difficulty into the larynx and trachea. Some minute fragments of the false membrane were dislodged by this operation, but no marked mitigation of the symptoms followed the application; and after a delay of ten or fifteen minutes the operation was repeated. If any relief followed the second application it was of short duration. All the unfavorable symptoms soon returned; the struggling for breath, the dry and harsh tracheal respiration, the frequent and weak pulse pointed, as we thought, to a speedy fatal termination; and I left the case, believing that such would be the result. Dr. Richards remained with the patient, and several times during the night applied the caustic solution. Some relief followed each application, but the next day, the 19th, the case appeared so desperate that Dr. Richards, fearing the case was hopeless, after repeating the application thoroughly to the larynx and trachea, left the patient, with directions to be sent for in a few hours, if the child continued to live. He was not called for again, and nothing more was heard from the patient, who was supposed to be dead, of course, until several weeks after this, when the father came into my office "to settle the doctor's bill for attendance upon his boy." Dr. Richards ventured to ask the father how long the poor boy lived after he left him, when he was assured that his son was alive, and in good health; that after the last application he began to improve, and was soon so much better that it was not thought necessary to recall the doctor. In the course of a week he was quite recovered.

In the work on croup to which I have referred, I have expressed the opinion, with reference to the operation of tracheotomy, that we are not justified in having recourse to this measure, until the means now at our command, both topical and general, have been exhausted. Subsequent experience has more fully confirmed me in this opinion. Even in those cases of membranous croup, where the disease has passed

* I was handed the prescription given to this patient by an eminent homœopath of this city. It consisted of a *homœopathic* quantity of belladonna and an *alopathic* quantity of *tart. antimony*.

on to the last stage—the stage of asphyxia, in which a resort to tracheotomy has been considered as the one which can afford the only means of relief—at this stage, we say, patients have been, and may be saved by other operations than that of tracheotomy. Let me illustrate.

A few years ago, January 5th, 1850, I met a member of this Academy in the treatment of a case of croup of much interest. It was that of a son, and I believe the only son of a clergyman, (Rev. Ansel Leo,) of this city, five years of age. He, too, had been subjected to Hahnemannic treatment several days before any efficient measures were adopted. The case threatening to prove fatal, was either abandoned by the homœopathic doctor, or he was dismissed, I cannot say which, and Dr. S—— was called to attend the case. He found the child in the advanced stage of membranous croup; almost in the stage of collapse. Among other measures employed by the doctor, an attempt was made to vomit the child by administering an emetic of sulphate of copper, with the hope of dislodging the false membrane from the trachea, but the effort failed entirely, no emetic effect being produced by this measure. I was called to visit the patient on the 5th of January, and saw the case for the first time at 11 o'clock, A. M., of that day. I found the boy lying in a state of asphyxia. The face and lips were purple, extremities cold, the surface clammy; violent efforts at inspiration were occasionally made, but the anæsthesia was complete. Dr. S—— stated that he had administered, while the patient could swallow, a strong emetic, without producing any effect whatever. Tracheotomy had been considered as presenting the only possible chance of relief, but this chance was deemed too doubtful to warrant its adoption.

At my request Dr. S—— took the patient on his lap, and sustained him there, with his head thrown back on the doctor's shoulder. In this insensible condition the lower jaw fell, the tongue was readily depressed, and nearly the entire epiglottis brought into view. A small sponge probang, wet with the nitrate of silver solution, was easily passed into the larynx, through the rima, and carried down the whole length of the trachea. This was done without the child's exhibiting any opposition or apparent consciousness. On withdrawing the instrument, which appeared for the moment to enlarge mechanically the calibre of the air-tube, the chest was expanded by a full inspiration. The sponge was again wet in the solution, and the same operation immediately repeated. This time the operation was followed by some struggling and a cough, and considerable quantities of viscid fibrinous

mucus and broken portions of membrane were thrown up by the cough and vomiting. After a delay of ten or fifteen minutes the probang was introduced the third time into the trachea. The child, still insensible, was then placed in bed; and it was arranged to meet Dr. S—— in two hours again, and see the patient.

2 *o'clock, P. M.*—Found the patient at this hour still insensible, but the countenance was not so livid, the surface and extremities warmer, and respiration somewhat less difficult. At this visit cauterization of the larynx and the trachea was twice performed in the same manner as at the first visit; and directions were given to administer, if possible, some stimulus and nourishment, when the child could swallow.

6 *o'clock, P. M.*—Four hours later we met again at the bed-side of our patient. As we entered the room the little fellow raised his head, and smiling, thrust out his hand to the doctor, whom he recognized, and attempted to speak! A great change had taken place in our patient. Soon after the applications at 2 o'clock were made, quantities of viscid mucus and patches of fibrinous matter were ejected, after which the respiration considerably improved, and the child was able to swallow nourishment and some weak stimulus. From this hour the croupal symptoms began to disappear. No further topical applications were made, and the patient under appropriate nourishment recovered perfectly; but it was three weeks before his voice was restored to a sound above that of a whisper.

I have received during the past few years, from members of the profession in different parts of the Union, the histories of many interesting cases of croup, which have been treated successfully by topical measures. I shall only allude to one of them, which with other cases has been furnished me by Dr. A. M. Vedder, Lecturer on Anatomy and Physiology in Union College. It is another case intended to sustain the proposition that cauterization may be substituted for tracheotomy.

CASE IV.—Louisa ——, aged six years, general health previously good, came home from school complaining of sore throat and cough, which was followed by vomiting. A homœopathic doctor was sent for, who treated the case as '*sore* throat' for five days; during this time she was not wholly confined to the bed, and was about the house a part of the time. On the afternoon of the fourth day she became very hoarse, with loss of voice and decided croupy cough. November 6th: Confined to bed, with considerable heat of skin and thirst. I saw the patient this day for the first time, at 6 o'clock, P. M. Expresssion of countenance anxious, skin pale, voice reduced to

a whisper, respiration extremely difficult, high and characteristic, pulse frequent, skin above natural temperature, cough frequent; on examining the throat, I saw patches of lymph on the tonsillary glands, and applied the nitrate of silver with the probang, which did not produce any unpleasant symptoms; her breathing became somewhat easier; during the night her respiration became more difficult, and an emetic was administered, which was followed by some relief.

November 7th, A. M.—Countenance still anxious, color of skin inclining to blue, respiration not much improved, almost complete aphonia; prescribed the following powder, to be taken every three hours:

℞—Tart. Antim. gr. ½.
Hydrarg. chlo. mitis., gr. ¼.
M.

Applied the silver three times during the day.

November 8th.—No improvement, sweats more freely, and has done so all night; on coughing expectorates a little mucus, particularly after applying the sponge. Continue powders, and apply cold water to the neck by means of a towel.

Nov. 9th.—No improvement; applied the sponge, and on removing it *the false membrane* was found attached to the sponge; and on examination, found it to be a membranous tube two and a half inches in length and about one half the thickness of milliner's pasteboard. The respiration became immediately easier, and she continued to improve from this time. The sponge was not again applied, her cough remained "croupy" for several days longer, her voice did not become natural for more than a week after; the cold water and the expectorants were continued for several days. Her health has been good since.

When, however, cauterization or catheterism fail in the treatment of croup, I believe with M. Trousseau, that we should have recourse to the operation of tracheotomy. This distinguished physician, who has operated in more cases, probably, and with a greater amount of success, than any other practitioner, has been accustomed to perform tracheotomy in croup "as soon as he can feel tolerably certain of the presence of false membranes in the larynx," and before the accession of symptoms of asphyxia.

But Prof. Trousseau now advises, as I have before stated, that topical applications should be resorted to before the employment of tracheotomy and he announces in the "*Union Medicale*," of Novem-

ber last, which I have just received, his conviction, that many lives have been saved, of those "who would infallibly have died, had not cauterization been employed."

In performing this operation in those cases in which tracheotomy is indicated, Prof. Trousseau uses a double canula. The inner tube, which is the smallest, is made to fit perfectly to the outer one, and so fitted that it can be removed without disturbing the external tube, *which is not to be withdrawn*, if possible, until the disease has subsided. To prevent the canula from exciting violent inflammation, from the chafing of the wound, a small piece of oiled silk, with an opening of the size of the tube, through which this instrument is passed, is interposed between the head of the tube and the edges of the wound. The incision being made into the trachea, the edges of the wound are kept apart by the dilator, the child is raised from its recumbent posture, and when the hæmorrhage ceases the canula is immediately introduced. In order to render the air breathed by the child, as near as possible, like the naturally respired atmosphere, M. Trousseau covers the opening of the tube with a *respirator*, which is composed of several folds of thin flannel or of gauze, and which soon becoming moist, imparts vapor to the inspired atmosphere. M. Trousseau is convinced that his success has been greater since he has adopted these improvements. As often as respiration becomes difficult, from an obstruction of the tube, the inner canula must be removed and cleansed, and this may be done without in the least disturbing the patient.

During three or four days, after the operation, M. Trousseau employs topical remedies, and these consist of dropping into the trachea, several times in the twenty-four hours, a small amount of a solution of nitrate of silver, in distilled water, of the strength of about five grains to the ounce; and in some instances the canula is removed, and the trachea is cleansed out with a sponge dipped in the nitrate of silver solution.

To prevent the occurrence of diphtheritic inflammation, the edges of the wound are freely cauterized about the second day after the operation; and the patient is well sustained by the frequent exhibition of wine, or small quantities of brandy and water, together with nourishing articles of food, as milk, eggs, cream, &c.

"In 1849," says M. Trousseau, "I performed, in 'l'Hopital des Enfants, the operation of tracheotomy in a case of croup, which was perfectly successful. From that moment the repugnance to the operation which my colleagues had before entertained vanished, and it was then established among ourselves, that thereafter the operation should be

performed in all those cases where every other chance had failed. From that time to the present tracheotomy has been performed in this hospital, under this rule. During this period, from 1849 up to the present time, (November, 2d, 1858,) there have been treated 562 patients attacked with croup; of this number, 466 were operated upon for tracheotomy, and with success in 126 cases—that is to say, 27 per cent., notwithstanding, says M. Trousseau, "the deplorable condition of the hospital."

Finally, gentlemen of the Academy, after this brief review of what has been done in this country, and in France, for the treatment of true croup, are we not warranted in adopting, to a great extent, the conclusions of our own eminent and experienced countryman, *Dr. John Ware, of Boston*, as announced in his last essay on the Treatment of Croup? "It is a disease," says Dr. Ware, "which I would treat without depletion—except, perhaps, by a few leeches—without vomiting, without purging, without blisters, without antimonials, ipecac, and all those other nauseous remedies which have been usually resorted to. I would trust to opiates, perhaps calomel, emollients, and the *local application of the nitrate of silver.*

ADDENDUM.—Since this paper was drawn up I have received the "*Boston Medical Journal*," for January 6th, 1859, which contains a report read before the Boston Society for Medical Improvement, by Dr. H. G. Clark, of three cases of membranous croup, treated successfully by "the introduction of a solution of nitrate of silver with the probang into the larynx." In the first case, a boy 7½ years of age, "the appearances were so alarming, that at first sight tracheotomy apparently offered the only means of saving him from immediate suffocation." The probang, says Dr. Clark, was passed into and *through* the larynx; it came out loaded with "false membrane." Brandy and water and beef tea *ad libitum*, and other light food, were permitted, and the patient recovered. In the second case, a little girl 2 years old, with "well-developed croup," in which "the treatment consisted of the local use of the nitrate of silver, Dover's powder, steam, &c., and wine whey. The child made a good recovery."

The third case, a child 2 years and 4 months old, was very severely affected with diphtheritic inflammation. "The tonsils, and indeed the whole of the parts about the entrance of the larynx, were heavily coated with the diphtheritic effusion." The sponge probang was employed, and "a solution of the nitrate of silver was injected quite into the larynx, with the Warren syringe." But in this case tracheotomy was required; it was performed, and the patient recovered.

Case of Metro-Peritonitis. Treatment by Opium in Large Doses—Recovery. By REED B. BONTECOU, M.D., Troy, N. Y.

Dec. 4th, 1854, was called to see Mrs. R——, a young, plethoric woman, who a few days before had miscarried, at the third month of gestation. On the morning of my visit she had a severe chill. I found the patient lying on her back, with limbs flexed, and complaining of acute pain over the whole belly. She could not bear the weight of her clothes, or of the hand. Pulse 100, small and wiry; countenance anxious. Having no opium with me, I left her a solution of morphæ sulphat, ¼ grain to the teaspoonful, and directed one teaspoonful to be given every hour till the pain abated; to use also hot fomentations to the abdomen.

1 o'clock P. M.—Still complaining of great distress and much tenderness. Prescribed 10 grs. of opium every two hours, and a continuance of hot fomentations.

9 P. M.—Four of the powders had been taken; she was sensibly relieved of pain. There was still much tenderness on pressure over the lower part of the abdomen. Was unable to extend her limbs; pulse 89. Ordered the powders before given to be continued, also the fomentations until the pain was entirely relieved, or sleep obtained.

Dec. 5th, 8½ A. M.—Patient had not slept, and was in about the same condition as on the previous evening. The pain not entirely relieved; she was obliged to lie constantly on the back, with limbs flexed. The powders had been given as directed, and no signs of narcotism present; pupil contracted, skin itching, no great thirst, no appetite, tongue clear, pulse 80, rational; has passed urine once in the last 24 hours; does not complain of pain on that account, and no distension of bladder apparent, though she would not allow me to percuss over it. Prescribed 10 grs. pulv. opium every three or four hours, as the pain might seem to require.

5th, 8 P. M.—Patient had not yet slept, but seemed somewhat drowsy, and thought herself better. Could extend the limbs more than at any time since first taken. Perspiring some; pulse 70; tongue moist, thin white fur, not much thirst; no desire for nourishment; perfectly rational and collected, and thought she could sleep if the house was kept quite; had taken four of the 10 gr. powders since the morning visit. Prescribed 6 grs. pulv. opium every four or five hours during the night.

6th, 9 A. M.—Patient had dozed a little during the early part of the night, but now had increase of pain and tenderness over the whole abdomen, caused by getting up without assistance during the night,

and on a cold floor, to use the vessel. The abdomen was distended and tympanitic; pulse 98, and contracted. She was rational, but wakeful, and had taken but two powders during the night. Prescribed 15 grs. opium every three hours, and oftener if necessary, to subdue the pain; also to take immediately castor oil ℥i., sps. turpentine ℥ss., and to resume the fomentations, sprinkled with turpentine. She was sweating freely.

6th, 5 P. M.—Patient had slept at intervals during the afternoon, had had several profuse watery discharges from the bowels, had also passed a small quantity of dark urine. The abdominal distension had in a great measure subsided, as well as much of the tenderness. Two of the powders had been taken; face and arms covered with a rose-colored rash; skin moist; pulse 60; eyes a little glassy; not much thirst; no desire for food; was rational, and felt better. Prescribed pulv. opium, 15 grs. every four or six hours.

7th, 10 A. M.—Found patient sleeping; she awoke on my entering the room. The limbs were extended, and she could bear gentle pressure of the hand on the belly without pain. Could not turn on the side; eyes bright; some appearance of the rash left. Complained of an annoying itching of the skin; no great thirst; not the least desire for food; tongue moist. I urged her to take some broth. Prescribed 10 grs. pulv. opium every four hours

9 P. M.—Comfortable during the day—still unable to turn in bed, or move the limbs with freedom. Skin dry; pulse up to 80, and rather hard; no narcotism as yet; urine dark and scanty; ordered medicine as in the morning.

8th, 9 A. M.—Patient had been worse during the night. She took powders every two hours till four o'clock, after which she slept two hours. Expressed fatigue from lying in one position so long, and begged permission to get up, which was denied; directed pulv. opium every five hours.

9 P. M.—Had taken two of the powders left in the morning; could turn on the side with but little pain; has still some general tenderness of the abdomen. She had noticed a scanty sanious discharge from the vagina; pulse 85; skin rather dry; little thirst; no appetite, but was induced to take a little chicken broth; 15 gr. powder of opium every five or six hours.

9th, 10 A. M.—Considers herself better. Has a slight tympanitic distension of the belly, with a little pain and tenderness. Is resolved to get up, which I told her must be at her own risk; left some pow-

ders of opium, with 5 grs. Dover's powder added to each one, to be taken every six hours.

10th.—Was sent for at 7 A. M. to see the patient; found her relapsed into an aggravated peritonitis; pulse 130; skin dry. She had been out of the bed the previous day, and attempted to cross the room alone. During the night a profuse watery diarrhœa occurred, accompanied by acute pain; had passed urine. Ordered laudanum injections, and hot fomentations to be frequently applied. I gave at once all the opium I had with me, about 3ss., and prescribed opii. pulv., grs. 20 every four hours.

5 P. M.—She was much relieved, wakeful, and sweating profusely; diarrhœa had ceased, and there only remained general tenderness; had passed urine; pulse 85; directed the powders of opium, 20 grs. each, continued steadily, unless stupor should ensue.

11th, 10 A. M.—Found patient bolstered in a chair by the fire, feeling apparently well; pulse 80, irregular; skin moist, covered with fine rash, and very itchy; tongue moist, pupils contracted—3iss. opii. had been taken during the night. Directed opii. pulv. 20 grs. every 8 hours.

12th, 8 P. M.—Had slept some the preceding night, and had taken nine powders since my last visit Sat up two and a half hours this afternoon; fainted in the chair; vomited, and had several large watery evacuations, followed by a chill; pulse 90; contracted. Distension and tympanitic state of lower part of the belly, with increased tenderness and inability to flex the limbs. Has passed urine, wakeful, has no thirst; ordered opii. pulv. 20 grs. once in seven hours.

13th, 9 A. M.—Still some pain, distension over lower part of abdomen, pulse 80, tongue moist, skin cool, pupils contracted; medicine had been given regularly as directed. Gave orders for them to be continued as before.

8 P. M.—Pulse 75, skin moist and cool; belly less tender, tongue moist, patient feels better, can move her legs again more freely; prescribed 20 gr. pulv. opii. every sixth hour.

14th, 9 A. M.—Pulse 80; had not slept; more pain in the bowels; passed urine and had a natural fecal evacuation. Medicine as at my last visit.

8 P. M.—Pulse 68, soft and full; can move without pain; tenderness of abdomen nearly all gone. She desired some oysters, which I allowed. Prescribed opii. pulv. 20 grs. every five or six hours.

15th, 10 A. M.—Found patient sitting in easy chair; had slept well

during the night, and felt better; had taken two of the powders; ordered them continued at intervals of six, eight and twelve hours.

16th, 12 M.—Is menstruating, and able to walk a few steps, but cannot yet stand erect. Prescribed the opium continued in 10 gr. doses two or three times a day, with directions to discontinue them in three or four days.

She soon became robust again, and has continued so ever since.

Ergot in Phthisis Pulmonalis. By BARENT P. STAATS, M D., Albany N. Y.

Sometime last spring I noticed an abstract from a Paris medical paper recommending the administration of ergot in phthisis pulmonalis. Having in the course of forty years' practice tested a great variety of medicines in the treatment of this disease without very flattering results, I was induced to try the efficacy of ergot. I had at that time two cases, of a very hopeless nature, in the Albany County Penitentiary, to whom I determined to administer the ergot.

The first case was a young man of intemperate habits, 28 years old, hair light colored, eyes blue, cheeks red, chest narrow and flat. He had been admitted into hospital August 10th. His pulse was 100; respiration 29; had night sweats; copious purulent expectoration, slight chills in the afternoon, followed by fever and slight diarrhœa. He complained of severe pain under the left clavicle, and in the left side of the chest. Percussion dull upon both sides of the chest, with evident disease of both lungs. On inquiry I found that his father had died of phthisis. I prescribed 4 grs. of pulv. ergot, ½ gr. of ipecac, with 1-10 of a grain of sulph. of morphia every six hours; a strong liniment of acetic acid and spts. of turpentine to be applied to the chest, and a full animal diet.

After taking the medicine four days his pulse and breathing became less frequent, the pain of his chest and the diarrhœa ceased, and his expectoration was diminished.

This treatment was continued for three weeks, when he had recovered to such a degree that the ergot was omitted. I gave him some mild tonic, and soon after he was discharged from prison. I have seen him repeatedly since, and although he has resumed his drinking, he has had no return of the disease.

I have had two more cases as strongly marked as the above, which I treated in a like manner, and with the same result.

Two other cases still I have treated with ergot, but they were cases of diseased lungs induced by chronic inflammation; in one I was successful, the other died.

I regret that my notes of these cases do not enable me to be more particular in my descriptions, but such as they are I submit them. If they should induce an inquiry into the virtues of ergot in the treatment of phthisis pulmonalis I shall be gratified. Possibly there may be a virtue in the article heretofore overlooked.

Pyrophosphate of Iron and Soda.

M. Leras, while experimenting on the preparation of pyrophosphoric acid with iron and soda, first proposed by M. Persoz, succeeded in forming a salt with less of the pyrophosphate of soda than that of Persoz contained, and richer in metallic iron than any ferruginous preparation hitherto announced. His formula is as follows:

Distilled water, .	600 grammes.
Pyrophosphate of soda,	30 "
Pure sulphate of iron,	14.93 "

These proportions correspond with the formula:

$$3\ (2\ Na\ O.\ PO_{.5}) + 2\ Fe._2O._33\ PO._5 + 6\ (Na\ O.\ SO._3)$$

The reaction takes place first between three equivalents of pyrophosphate of soda and two equivalents of the sulphate of iron. The pyrophosphate of iron thus formed, is dissolved in three equivalents of the pyrophosphate of soda. The preparation can be administered in the form of a syrup, but Mons. Leras prefers a solution.

The disagreeable taste of the pyrophosphate of iron and soda has been hitherto an objection to its use, but no such complaint can be brought against Leras' preparation, as it is very pleasant, and preserves its color. In this preparation there are 30 parts of the soda salt for 4.18 parts of metallic iron.—*Journal de Chim. Med.* L. H. S.

Determination of Urea by Titrition.

In the November number of the *Journal of Medical Chemistry*, Chevallier gives the method proposed by Leconte, for determining the amount of urea in urine by the process of titrition, or the use of standard solutions. It is based upon the property possessed by hypo-

chlorite of soda, of decomposing urea into carbonic acid, nitrogen and water.

The apparatus consists of a bottle or small balloon, of the capacity of 150 cubic centimetres, supplied with a suitable tube for receiving the gases, the end of which is placed under a graduated tube filled with water. The preparation consists in exhausting exactly, by means of cold distilled water, 100 grammes of finely pulverized hypochlorite of lime, and then dissolving in the filtered liquid 200 grammes of pulverized crystillized carbonate of soda, filtering and washing the carbonate of lime, and adding water to make the liquid 2 litres.

In order to make an analysis, the urea is placed in the balloon with a small quantity of water; the hypochlorite is then rapidly added, filling the vessel entirely, so that on replacing the cork a small quantity of the liquid may rise in the tube, which should be of small calibre. When this liquid column has extended as far as the end of the tube, the latter must be placed in connection with the graduated tube; the balloon is then to be placed in a water bath and heated up to the point of ebullition. If, notwithstanding this temperature, there is no appreciable discharge of gas, the vessel should be heated by an alcohol lamp, and ebullition kept up until the vapor produces a *dry* sound on condensing in the water, which indicates that it contains no more gas.

The urine experimented upon should be previously purified in the following manner: to 20 grammes of urine add 3 grammes of liquid subacetate of lead, heat to ebullition, filter and wash the filter thrice; then add 3 grammes of pulverized carbonate of soda, again raise the liquid to the boiling point, again filter and wash thrice; the liquid thus obtained, ordinarily amounting to 50 cubic centimetres, the half of which represents 10 cubic centimetres of urine, is treated as above.

Although theory indicates that 1 decigramme of urea should furnish 37 centimetres of nitrogen, Leconte has never obtained more than 34; but this number has been constant in his experiments. Hence by dividing the amount of nitrogen obtained by 34, after the proper corrections are made for temperature, pressure, and tension of the vapor by water, we shall obtain the amount of urea within a few thousandths. The amount of nitrogen furnished by the other azotized constituents of urine is very small, as compared with that coming from the urea, the proportion being about as 54 to 1000.

In this experiment, the nitrogen discharged will have a chlorine odor, but, on washing it with a solution of potassa, or an alkaline solution of pyrogallic acid, while the absence of oxygen and carbonic acid will be determined, it will be perceived that the quantity of chlorine is so small that it can be neglected. L. H. S.

Experiments on the Action of Caffein.

Stuhlmann and Falek, of Marburg, have made a series of thirty-eight experiments with caffein, on dogs, cats, rabbits, birds, frogs, snakes, and fishes, clearly showing that caffein is a poison, that will kill in comparatively small doses, and in a short time. Thus five centigrammes, (about $\frac{8}{10}$ gr.,) introduced beneath the skin of frogs and toads, determined local irritation, sometimes slight excitation of the circulation, respiration, and of the organs of locomotion. Synchronous with this, or somewhat later, there is found hyperæsthesia of the nervous centres, with tonic, cataleptic and tetanic cramps, and sometimes anæsthesia and paralysis.

In one case, the injection of 5 centigrammes into the veins of a cat brought on death in a few minutes. A smaller dose produced death in a few hours. In addition to the tonic and clonic spasms, there was observed salivation, liquid stools, disturbed respiration and circulation, dilatation of pupils, reduction of temperature and anæsthesia. A like dose, introduced under the skin, excited salivation and vomiting, then adynamia, very labored respiration, reduction of temperature, with a tendency to fright and spasmodic and paralytic phenomena.

Large dogs were not destroyed when 5 centigrammes were given by the stomach. But a dog who had survived such a dose succumbed in two minutes after the injection of a like quantity into the jugular; while another, larger and older, was not destroyed by the injection of 25 decigrammes in *the crural vein.* (This difference of result is remarkable; was it on account of the size and the race of the animal, or the vein into which the injection was made? It is unfortunate that this experiment was not repeated.) Whatever the modes of administration, dogs were purged, and food in the stomach produced vomiting. Rabbits died in an hour or an hour and a half, with 3 decigrammes to 5 centigrammes, presenting symptoms analogous to those exhibited by the dogs.

Necroscopic examination exhibited no alteration sufficient to explain the death. There was only found an inequality in the distribution of the blood, only hyperæmia of some and anæmia of other organs; the heart, liver, and larger vessels contained much black blood, possessing all the characteristics of venous blood. All the other alterations were insignificant.

The pathological disturbances caused by caffein are of different kinds; but the most important occur in the nervous system. It destroys by exhaustion of nervous power, and seems to act especially

upon the heart and the parietes of the vessels.—*Archiv für pathologische Anatomie and Physiologie.* L. H. S.

PROCEEDINGS OF SOCIETIES.

Academy of Medicine.

The Academy met Jan. 5th, the President, Dr. J. P. Bachelder, in the Chair. The meeting was a business one, the object being the election of officers. After the minutes were read, the Academy proceeded to the election. Ballots were distributed and deposited; and, while the inspectors were determining who were to be the officers for the next year, the usual business of the Academy proceeded. Reports of Sections were called for, but none responded save the Section on Obstetrics, whose Secretary read a report of the proceedings of that Section for the last quarter. The new crotchet presented by Dr. A. K. Gardner to the Academy at a previous session, and referred to this Section, was reported on favorably. It was commended as combining all the advantages of like instruments in common use, with important additions, especially in its sliding guard, which protects the mother and the hand of the operator from the danger of being wounded by the point of the instrument, and is easily manipulated under all circumstances. Some highly laudatory resolutions, passed by the Section upon its presiding officer of the year, were considered by the Academy as belonging solely to the Section, and referred back.

Dr. E D. Hudson then presented specimens of Palmer's artificial leg and hand, and explained the mechanism and action of these substitutes for lost limbs. The faithful imitation in shape and movement of the leg was shown. Its entire construction was explained, and the character of its joints, and the ligamentous attachments corresponding to the muscles in the leg, were demonstrated. The necessity of a ginglymus joint at the ankle instead of a universal one, to afford a reliable support and steadiness in walking, was pointed out, and the perfect adaptation of this leg to its uses was shown. The subject was referred to the Section on Surgery.

The President then stated that it had been announced at a previous meeting that Dr. Horace Green would read a paper before the Academy—which they were then prepared to hear.

Dr. Green then read a paper on Croup, which will be found in another part of this Journal.

After the reading of this paper, Dr. Watson asked Dr. Green if he could not give some statement relative to the case of the late Stephen S. Whitney, which had been the subject of much remark throughout the city.

DR. GREEN replied that he would, if it was the pleasure of the Academy, relate the particulars of the case as long as it was under his care; that he had written it out from his note-book, wherein the examinations of each case are recorded at the time of examination, and that this written record had been made previous to the death of Mr. Whitney, at the time when the first rumors relative to his last illness had reached his ears.

The Academy assenting, Dr. Green then read the following statement:

On the 25th of October, 1858, Mr. S. S. Whitney called on me, and requested to place himself under my care, for medical treatment. His health, as he stated, had been bad during several years, and for a twelvemonth past he had more or less cough, which cough had increased considerably of late. It was quite severe by spells, he said, and was attended with slight hæmorrhage, which, *he believed*, came from his throat. His face was pale and thin, and his general appearance was indicative of a phthisical condition of the system. I examined his chest by auscultation, in the presence of Dr. Richards, who, as is usual in the cases I examine, made a note at the time of the physical signs observed. I take from this record: chest thin; a little depression is observed on the left thoracic wall, with less expansion on this side; percussion gives a flat sound over all the upper portion of the left lung; slightly dull on the left side. On applying the ear to the chest, a distinct *humid râle* or "*click*" was heard below the left clavicle, in both inspiration and expiration—which, when accompanying the above signs, is positively indicative, in my experience, of the presence of tubercular softening. His throat appeared granulated and inflamed; the left tonsil was slightly enlarged and ulcerated; the epiglottis was thickened, and its border whitened with a line of erosions.

TREATMENT.—The enlarged and ulcerated portion of the left tonsil was removed, the pharynx, the sub-tonsillary fossæ, and the border of the eroded epiglottis were cauterized. A drachm of the following alterative mixture was advised night and morning:

R.—Iodid. Potassæ	2 drachms.
Proto-iodid. Hydrarg	2 grains.
Tinc. Rhei	1 ounce.
Syr. Sarsæ. Co	3 ounces.

This alterative was continued by Mr. Whitney during the three following weeks.

Oct. 26.—Applications of a solution of nitrate of silver were again made to the fossæ, epiglottis, and into the glottis.

Oct. 27.—The same treatment continued. After this, I saw nothing more of Mr. Whitney until the 9th of November, when he returned and requested to have the treatment continued. At this visit, and again on the 18th, cauterizations of the glottis and larynx were employed. I now spoke to him of the necessity of giving more attention to his case if he expected to be benefited by the treatment. He named some cause for his long absence, and promised to be regular in his calls thereafter. The soreness of his throat had disappeared and his cough was less for a time, but latterly it had increased again. He expressed much anxiety about his lungs, and at this visit it was proposed to employ the tube and injections into the left bronchus, as soon as the parts were prepared for this operation. For this purpose the topical applications were continued to the opening of the glottis, and into the larynx. It was, I believe, at a subsequent visit, on the 20th, that I made another careful examination of his lungs. Unequivocal signs of a cavity in the superior portion of the left lung were now observed; for, in addition to *humid râles* in this location, the respiratory sound was distinctly cavernous.

A prescription for the following remedy was given to the patient:

R.—Manganesii Phosphat. ..... 2 drachms.
Tr. Cinchonæ ..... 3 ounces.
Syr. Sarsæ ..... 4 ounces.
Mucil Acaciæ ..... 1 ounce.
Ol. Gaultheriæ ..... 20 drops.

With directions that a drachm should be taken twice daily.

Dec. 4.—Another interruption of two weeks occurred, when Mr. W. returned, and the sponge probang was again passed into the larynx.

Dec. 6.—It had been my intention for several weeks to employ tubage of the larynx in this case, as soon as the normal sensibility at the opening of the glottis was sufficiently overcome to allow the introduction of the instrument. But the patient's visits had occurred at such long intervals that I found the parts were not properly prepared. But as Mr. W. had several times expressed a desire to have it used, I resolved on the 6th to make the attempt. The tube was therefore introduced, and a drachm of the nitrate of silver solution, of the strength of fifteen grains to the ounce, was injected into the left

bronchus. No irritation whatever followed this operation. The patient's next call was on the 9th of December. At this visit he expressed much satisfaction with the effects of the injection, stating that his cough and expectoration were both diminished, and he desired that the injection should be again employed; but, for reasons hereafter named, only the glottis and larynx were cauterized, as in previous operations; and the patient engaged to call in two days and have the tubage repeated, but he failed to meet this engagement, and did not return until the 14th—five days afterwards. This was the last visit Mr. W. made at my office; and as most unjust and utterly unfounded reports have been made and widely circulated with regard to the character of this operation and its effects, I shall describe briefly, but minutely and exactly, the steps of the operation. After much experience in catheterism of the larynx, it has been fully ascertained that this operation can be performed with greater certainty, if employed soon, or within one or two days after the opening of the glottis has been cauterized. Hence these applications are usually made once or twice between each operation of tubage.

When Mr. W. came to my office on the 14th, Dr. M. E. Foy, a member of this Academy, was present. He had expressed a desire to see the operation of tubage employed on some of my patients, and when Mr. W. came and took his seat, I remarked to Dr. Foy that it had been my intention to employ the tube for him on that day; but as he had not had an application to the glottic opening for five or six days, I was fearful for that reason of not succeeding, and as I had other patients on whom the tube operation was practiced, I should not use it in Mr. W.'s case, but employ the sponge probang. *This instrument was employed, but the tube was not used that day on Mr. Whitney.* It was never used but once in his case, and that was on the 6th of December, eight days before this last operation. The same probang, the identical instrument, which on some ten different occasions previously had been passed into the glottis and larynx of the patient, was employed, and in precisely the same way, except when the sponge reached the glottic opening the patient partially closed the throat, (a thing occurring every day with nervous or sensitive patients, and, as every operator knows, without the occurrence of any harm to the patient,) by which the progress of the instrument was suddenly arrested, so that it did not enter the wind-pipe at all. It was at once removed, no more force having been used than that which is constantly employed every day in operations on the air-passages. The operation was not renewed, and the patient, after talking a while with Dr. Foy

and myself, and remarking that "the operation hurt him more," or that "he felt it more than usual," (which arose, as I said to him, from the sudden arrestment of the instrument,) he left, with the arrangement that he should return the next day and have the tube employed. These are the precise steps, and the particulars of the last operation. Dr. Foy stood directly by the side of Mr. Whitney, and saw every part of the operation, and can testify, I doubt not, to the entire correctness of this statement. On the 27th of December, as soon as rumor brought to me the report said to have come from the patient, and his physician, or friends, that "the tube was used and had been thrust through the wind-pipe," I addressed a note to Dr. Foy, the purport of which will be sufficiently apparent from his reply, which was as follows:

Letter of Dr. Foy.

No. 106 West Twenty-fifth St.,
New York Dec. 27, 1858.

Dr. Horace Green—*Dear Sir:* In reply to your note of this date, I was present when you operated on Mr. Whitney in your office on the 14th inst. You directed my attention to Mr. Whitney's case.

You passed a sponge probang, saturated with solution of nitrate of silver, into the glottis. The operation was followed by very trifling irritation, not more than I have experienced from having my uvula touched with nitrate of silver.

We had, at the time, a conversation about probangs. You exhibited to me some, brought you by your patients, remarking that the sponge was too large and the curve too great. You showed me that the sponge used on Mr. Whitney was capable of containing half a drachm of the solution.

Your office lad told me that if I required probangs, he could supply me with the same sort you generally use. I mention these trifling particulars, that you may see how vividly the operation is impressed on my mind.

You mentioned Mr. Whitney by name, and the date is fixed on my mind beyond a shadow of a doubt.

I am, dear Sir, yours obediently,

Michael Eyre Foy, *Surgeon.*

P. S.—I desire further to state that nothing but the probang was used.

You did not use a tube. In fact, I never saw a tube used by you or others. M. E. FOY.

It is reported that the patient returned to his house, complaining of his throat. That night he was taken worse, and died in one week from the day in which he last visited me at my office. Of the *cause* of his death, it remains for the profession of my country to say, after they shall have learned from his attending physicians the symptoms present during his life, and the appearances found at the *post-mortem* as observed by these gentlemen, for at this examination *neither myself nor any of my friends were present.*

In connection with cases of this nature, Mr. President, are involved questions of great interest to practical medicine. Of the employment of topical medication, or the direct application of nitrate of silver, and medical agents, to the mucous membranes of the air-passages, a practice which at the present day is being everywhere more or less employed; if, I say, it be fraught with danger to the patient; or, if there exist any peculiar conditions of the human system, general or local, in which topical applications, such as I have described as having been employed in Mr. Whitney's case, are likely to be followed with dangerous or fatal symptoms, then, if possible, let these facts be ascertained. For myself, I shrink from no inquiry in which the interests of practical medicine may be advanced. Having performed the same operation as that which was practiced upon Mr. Whitney on the 14th of last December, over 100,000 times since 1845, (as can be shown by my books,) without the occurrence of a single untoward accident, I am quite desirous to know whether the fatal results which have been attributed to it as the cause, have in reality followed this particular operation.

Struggling against some disadvantages, of which the Fellows of this Academy are not wholly ignorant, I have labored more than twenty years to add something to our curative means, in the more successful treatment of a disease which, doubly decimating in its fatality, is still the opprobrium of our profession; and to this same work, whatever obstacles may arise, I am determined to give the remaining years of my professional life.

After hearing this statement, some member of the Academy then inquired of Dr. Green if he had the account of the post-mortem examination.

DR. GREEN replied that he had. It had been furnished him by Dr. Valentine Mott at his request, and he was prepared to read it, if the Academy desired.

Dr. Peaslee thought that, to have a full und erstanding of the case, the immediate history—after Dr. Green ceased to attend on Mr. Whitney—should be given.

Dr. Green replied that after the last visit at his office, the history of which had already been given, he had not even seen Mr. Whitney, and, therefore, he could not furnish the history; that Dr. Mott and Dr. Beales were in attendance, and could probably give the Academy the desired information

Dr. Mott said that he had proposed, as had Dr. Beales, that Dr. Green should be called in during the progress of this case, which was not assented to by the family. He was prepared to give the Academy a history of the case from the time he first saw it, but that Dr. Beales was preparing a full account, at Dr. Green's request, which he would present to the Academy, together with the account of the post-mortem. He was, nevertheless, prepared to tell all he knew about it at that time, should the Academy desire it. He wished the truth, though the heavens should fall.

Dr. Watson thought the history of the case should precede the account of the post-mortem, and inquired of Dr. Mott if this history would probably be ready by the next meeting of the Academy.

Dr Mott said it would.

Dr. Watson then moved that Dr. Mott be requested to give the history of this interesting case at the next meeting of the Academy.

It was a late hour when the Inspectors of Election finished counting the ballots.

There was no complete election for the other officers, and by vote further balloting was postponed to Wednesday, January 19, the next meeting of the Academy.

A special meeting of the Academy of Medicine was held January 19, for the purpose of completing the election of officers for the current year, and the year next succeeding, there having been a failure at the previous meeting to elect the entire list by three Vice-Presidents, one member of the Committee on Ethics, two members of the Committee on Education, and one trustee. The attendance was unusually large. Dr. Batchelder, the President for the past year, occupied the Chair. The list of officers, as thus perfected, is as follows:

President—Dr. John Watson.

Vice-Presidents—Drs. Joel Foster, S. C. Foster, and Gurdon Buck.

Recording Secretary—Dr. T. G. Thomas.

Corresponding Secretary—Dr. J. W. Greene.

Treasurer—Dr. J. O. Pond.

Trustees—Drs. Kissam, Smith, Anderson, Wood, and Hubbard.

Committee on Admissions—Drs. Henschell, Minor, Purple, Van Kleek, and Bulkley.

Committee on Ethics—Dr. Wood, Smith, Bulkley, Ogden, and Warren.

Committee on Medical Education—Drs. Wood, Clark, Smith, Hayward, and Peaslee.

Having transacted all the business for which the special meeting was convened, the members reorganized to hold their semi-monthly reunion. Dr. Batchelder, the retiring President, delivered a brief valedictory, in which he glanced cursorily at the leading events in the history of the Academy during his term of office, and expressed his warm sense of the uninterrupted good feeling and friendly relations which have characterized his intercourse with all the members.

DR. KISSAM introduced Dr. John Watson, who, in conformity with the recent modifications of the Charter, is elected for two years.

DR. WATSON read an introductory address, in the course of which special allusion was made to the question of sanitary reform, and the wish was expressed, not only that municipal offices, created to preserve the public health, be administered by competent medical men, but that the position of health officer to this port be not in future conferred on some small politician selected from the rural districts, as unknown to science as to fame. The paper abounded in practical suggestions. On motion of Dr. Detmold, the Academy took up the subject in order for the evening's discussion, viz.: The reading of the case of Mr. Whitney by Drs. Beales and Mott.

DR. HORACE GREEN, at the suggestion of the President, repeated in substance his statement made at the last meeting of the Academy.

DR. FOY, who was present with Dr. Green on the 14th of last December, the occasion of Mr. Whitney's last visit to him, and of the occurrence which has given rise to so much comment, confirmed Dr. Green's narrative in every particular. The irritation after the passing of the probang into the throat was not greater than what he himself (Dr. Foy) had suffered from having the uvula touched with nitrate of silver. When Mr. Whitney left the office he did not appear to be suffering under any inconvenience.

After Dr. Green had repeated in substance the statement already given, Dr. Beales was called on to submit his and Dr. Mott's counter-statement, and which he prefaced as follows:

"Before I read this statement, I wish to remark that I feel myself

in a most unusual and in an extremely disagreeable situation. I wish to say that this is the first time of my life in which I have ever engaged in a controversy with any of my professional brethren. (A member, *sotto voce*—'There is no controversy here.') I am sure you will bear me witness that you have never known me to enter into a professional dispute of any kind. In point of fact I have always carefully and sedulously avoided it; and if, on the present occasion, I shall be found to take a position antagonistic to Dr. Green, I have abundant evidence to prove to you that it is not voluntarily assumed, but it has been forced upon me. In the statement of the case which I am about to make to you, I am sorry to say that there are some expressions in the commencement which I have put in with very great reluctance; but, owing to the different statements that have been made, it has been felt necessary to put these in, that you may have a just appreciation of the state of the feeling of the patient at the time. I think it justice to myself to state, also, that a *verbatim* copy of this statement was furnished to Dr. Green yesterday morning, so that nothing should take him by surprise, and that he has been in possession of the *post-mortem* examination for three weeks, and this although it has been insinuated in the papers that that statement has been kept back.

Dr. Beales then read the statement signed by himself and Dr. Valentine Mott, and the record of the *post-mortem* examination, which was signed by them and Dr. Alexander B. Mott conjointly.

Dec. 14, 1858.—About one in the afternoon I was called to see Samuel S. Whitney; I found him surrounded by several members of his family, in a state of the most intense excitement, suffering, and terror; in answer to my inquiries as to what had happened, he answered, "Sit down, Beales, and I will tell you the truth; I was such a fool as to go to Dr. Green to be operated upon, and the d—d villain has killed me." His countenance was pale and haggard, and had all the appearance of a man whose nervous system had received a severe shock; his breathing was occasionally irregular, and almost spasmodic, coughing almost incessantly, and speaking with great difficulty and pain, in a hoarse and unnatural tone of voice; his skin was cold and clammy, and covered with perspiration; the pulse was extremely frequent, feeble, irregular and intermittent; he was excessively restless, not remaining in the same place more than a few minutes at a time; complaining of intense pain in the region of the larynx, shooting through to the cervical vertebræ, and down the course of the trachea to the chest; he kept grasping the larynx, and reiterating every few minutes that he

was murdered; I endeavored to calm the excitement of the patient, and tried to examine his fauces and throat, which appeared in a state of great inflammation; I discovered no lesion, as, in fact, on account of the pain and terror of the patient, the examination was necessarily very imperfect, as he would scarcely allow the spoon to touch his tongue, and I concluded, therefore, to defer the examination till he should become more quiet; I gradually ascertained, partly from the family and partly from himself, that he had been several times to see Dr. Green; on the first occasion his tonsils had been amputated; on a subsequent occasion, ten or twelve days previously, (the exact dates were not told to the relator,) "a hollow tube had been passed into his lungs, and about a teaspoonful of solution of nitrate of silver had been injected into them by touching a spring at the top of the tube." Whether this was done more than once the relator does not recollect to have been stated. On the 14th of December Mr. Whitney breakfasted with his family, appearing to be in his usual health; he afterwards went to Dr. Green's office; "the doctor passed an instrument into his throat, and finding some obstruction, he pushed the instrument with some force; he (Mr. W.) felt something give way, immediately experienced severe pain about the top of the windpipe, and told the doctor he had hurt him;" he returned home, informed the family of what had occurred, and I was called as before stated. 1 P. M., I saw him with the symptoms and in the state previously described; it was evident that, under these circumstances, the only indications that could be followed were to rally the patient's strength, to produce some reaction and to moderate the local irritation in the fauces; to this effect I ordered him to be immediately put in bed, bottles of hot water to the feet, with sinapisms to the extremities and chest, and flaxseed poultices to the throat; a teaspoonful of chloric ether or volatile tincture of valerian in water occasionally, till reaction should be established, and a mixture composed as follows: R. Ol. amygd. dulc. ʒss., Syrup. papav. ʒss., Mucilag. G. acac. ʒij., Liquor. potass. gtt. xx., a dessertspoonful to be slowly swallowed occasionally. For nourishment he was allowed arrowroot and flaxseed tea.

Dec. 14, 7 P. M.—Is suffering severe pain, described to be in the larynx, down the course of the trachea to the chest, and round to the cervical vertebræ; pulse 112, feeble and irregular; still excessively restless; other symptoms are about the same; insisted on my remaining with him all night. R. Vin. antimonial ʒj, Solu. sulph. morphiæ gtt. xl., Syrup. gummi ʒss., Aq. destil. ʒiiss., a dessertspoonful every four hours; to inhale the vapor of infusion of flaxseed and poppy heads.

Dec. 15, 3 A. M.—They called me, as they observed the face to be swelling; I found extensive emphysema all round the neck, and partially in the face, rather more noticeable on the left side; he had continued exceedingly restless, scarcely dozing for a few minutes, breathing very irregular; pulse 106; urine scanty, very high colored, and turbid. Continued the same remedies and nourishment.

1 P. M.—Heat of surface more natural; scarcely any pain in the chest, emphysema very much increased round the throat and face, and extending down the chest; has not slept; has taken scarcely any nourishment, on account of the pain in swallowing; could not continue the inhalations, although they rather relieved him temporarily. Anodyne liniment to be applied to the throat and chest.

8 P. M.—Dr. Valentine Mott saw him, in consultation with me. Is decidedly worse; emphysema very much increased; neck and face enormously swollen; it has extended all over the chest, but lower down on the right side; breathing somewhat labored; pulse very feeble, irregular, and 112; skin is again covered with clammy perspiration, and about the neck and chest of a purplish erysipelatous appearance; does not particularly complain of pain, except on talking or swallowing. Dr. Mott gave a very unfavorable prognosis. Continue anodyne, and take alternately a teaspoonful of ammoniated tincture of valerian.

Dec. 16, 6 A. M.—Upon the whole has passed a more comfortable night; symptoms are all a shade better; the emphysema rather less in the face, but the throat and the chest are enormous, the mammæ resembling those of a stout nursing woman. Continue wine whey.

1 P. M.—With Dr. Mott. The emphysema extends to Poupart's ligament, on the right side; but only as low as the umbilicus on the left; cough less frequent, except when he swallows; pulse 108, and rather firmer. Same remedies and nourishment.

9 P. M.—With Dr. Mott. Is not so well; emphysematous swelling increasing; cannot open his eyes till the air is carefully pressed out of the lids; chest and abdomen still more swollen; pulse more feeble, 122, although he had taken nourishment more freely. Same remedies.

Dec. 17, 6 A. M.—Has slept more during the night, sometimes for nearly an hour at a time; has taken more nourishment, but there begins to be considerable mucous secretion, which interrupts his respiration, and gives him great trouble to expectorate; pulse very irregular and feeble; the slightest movement increases its frequency; it averages about 108.

1 P. M.—With Dr. Mott. There is no observable change in the symptoms, although he says he feels more comfortable; several attempts

have been made from time to time to examine the fauces and adjacent parts, but the excessive swelling rendered them useless.

9 P. M.—With Dr. Mott. There is again a slight lull in the symptoms, excepting the pulse, which is extremely irregular at 108; same remedies.

Dec. 18, 6 A. M.—Has passed the best night since the attack; there is a decided improvement in all his symptoms; emphysema slightly subsiding; pulse 90; is rather more hopeful.

1 P. M.—With Dr. Mott. We consider him decidedly improving; all the symptoms are milder; he is slightly flighty from the effects of the anodyne.

9 A. M.—Is not so well again, without any other apparent cause than he would get up during my absence and sit for about an hour in a chair; the pulse is more frequent and irregular; the difficulty of swallowing is also evidently increasing, the attempt to do so bringing on coughing, partial strangulation, and some regurgitation of the fluids.

Dec. 19, 6 A. M.—Passed a very bad night, principally owing to the great increase of the mucous secretion, that keeps him almost constantly coughing and expectorating, which he does with great difficulty and suffering; the pulse very frequent, feeble, and excessively irregular; take half the dose of the anodyne at a time:—(R. Ammon. carbonat, grs. iv.; Emuls. amygd. dulc., ʒi., every four hours, in place of the Tinc. valerian. ammoniat.); although it is certain that there is some serious lesion in the vicinity of the glottis, yet it is utterly impossible to ascertain the state of the parts; the emphysema has rather subsided about the upper part of the face, so that he can partially open his eyes.

1 P. M.—With Dr. Mott. Has slightly rallied, but the mucous secretion is increasing; the cough more frequent, and difficulty of swallowing greater; bowels have not acted for three days; continue remedies; injection; give as much nourishment as possible.

9 P. M.—All his symptoms much worse; pulse more feeble, 120; difficulty of swallowing, with the coughing and strangulation very much increased; consequently has not been able to take so much nourishment.

Dec. 20, 6 A. M. Has passed a very bad night; breathing labored, and all the difficulties of swallowing, &c., increasing; the emphysema rapidly disappearing from the face and throat; abdomen distended and tympanitic; injection did not operate; a table spoon full of castor oil.

1 P. M.—With Dr. Mott. All the symptoms gradually becoming more serious.

10 P. M.—Is very much worse in every respect; respiration excessively labored; the slightest attempt to doze threatens suffocation from the accumulation of mucus; can with difficulty be induced to swallow; the oil operated twice, and he was excessively exhausted; pulse extremely feeble and irregular, 126; he is evidently sinking.

Dec. 21, 7 A. M.—During the night he became rapidly worse; did not swallow after 2 A. M., and died rather suddenly at 8 A. M., partly from exhaustion and partly by asphyxia.

Note.—A number of trifling circumstances, such as the varying appearance of the urine, the continual slight changes in the symptoms, &c., as not throwing additional light on the case, have been omitted, in order not to make the statement too tedious.

J. C. BEALES, M. D.

As far as relates to this case, from the time I was called in, it is a faithful narrative. VALENTINE MOTT, M. D.

I certify that this is a faithful copy of the original.

J. C. BEALES, M. D.

NEW YORK, *Jan.* 18, 1859.

Post Mortem of Samuel S. Whitney.

NEW YORK, *Dec.* 22, 1858.

Thirty hours after death nothing peculiar in the appearance of the body. Rigor mortis quite moderate. On making an incision from under the chin, in the mesial line of the sternum, it was remarked that the anterior projection of the thyroid cartilage was more than ordinary. Directly as the knife divided the deep cervical fascia on the left side of the thyroid cartilage, pus issued out; a little further division opened into a cavity, containing pus, about the size of a large hen's egg, and extending a little in front of the pharynx, and downward behind and below the thyroid cartilage. At the upper and posterior part of this abscess there was an opening into the pharynx, large enough to admit the end of the forefinger. This abscess was lined by a large quantity of destroyed filamentous tissue, hanging from different parts of it like wetted tow. The entrance into the œsophagus immediately below this was perfectly sound, internally and externally. The larynx was now laid open from behind, and at the first glimpse a red point about the size and shape of a grain of wheat, on the left side, a little below the left chorda vocalis, and running longitudinally, led us to exclaim, there is the point of laceration of the mucous membrane, by which the air has escaped into the cellular tissue

to constitute the emphysema. On close inspection, and wiping the part with a sponge, no abrasion or aperture could be discovered. Every other part of the larynx and trachea, as far as removed, presented on its internal surface a perfectly normal appearance. Indeed, we all remarked, that we had never seen a larynx and trachea more natural and healthy. We next concluded to have a look at the bronchi and lungs. Perhaps about an inch above the division of the trachea, the most beautiful vermilion redness that we ever saw on a mucous surface commenced and extended into each bronchus, but greatest in the left, and extended down each lung. Over this peculiar redness there was a cloudy shade, which vanished after a short exposure to the air. On opening the pleura, the upper lobe of the left side, at first glance, seemed covered with white thick pus. But, on close examination, it proved to be soft, strumous-like fibrin, easily rubbed off. This, on the side and posterior part, connected that lobe in patches to the pleura costalis. These imperfect adhesions were easily broken down with the fingers. The whole of the upper part of this lobe was very red and solid—hepatized. Just at the root, or at the commencement of the bronchial ramifications, there was an open cavity, about the size of a small black walnut, of a reddish brown color, and irregular villous surface, as though a slough had separated. At the upper and anterior part of this cavity there was a small opening through both pleuræ. This lobe was cut into in different directions, but no tubercles could be found. The lower lobe was perfectly healthy. The redness of the mucous membrane of the right bronchus extend to the lung of that side, but the three lobes were perfectly normal. There were no old adhesions on either side of the cavity of the chest. Some little appearance of the emphysema remained.

(Signed,) VALENTINE MOTT, M.D.
J. C. BEALES, M.D.
ALEX'R B. MOTT, M.D.

DR. BEALES then addressed the President, and said that, with his permission, he would make a few remarks illustrating this case.

The President nodded assent, and Dr. Beales spoke to this effect:

During the number of years that I have attended Mr. Whitney's family, I have not known Mr. Samuel Whitney to be seriously ill, so as to be confined to his bed; but he has for a long time been subject to various derangements of the digestive organs, such as want of appetite, torpidity of the bowels, deficiency of the bilious secretions, and occasionally a bronchial cough. For these I have frequently prescribed for him; but during the whole or greater

part of the last year (as I have been informed by the family) he placed himself under the care of a homœopathic physician, so that, with two or three trifling exceptions, I was not called on to prescribe for him until the present occurrence. Toward the end of October his sister informed me that her brother was very low-spirited and depressed, as some physician had informed him his lungs were very much affected. He wanted me, therefore, to examine him, but did not want me to know that he had consulted any other physician. I was not told who it was, nor do I know to this day, although I now presume it to have been Dr. Green. Sir, I wish to state that I appreciate the stethoscope as highly as most men; I believe it, as most others do, one of the greatest discoveries in our profession, but I frankly confess that I do not believe in its infallibility, even aided by percussion. I do not believe that any man can at all times discover one or two, nor even a few tubercles, scattered about the upper lobes of the lungs. I am sure that every man, if he would frankly tell the truth, would admit that he had occasionally been mistaken. For myself, I do not pretend to any extraordinary skill with this instrument, but, independent of my private practice, I have been for fifteen years examiner for various life insurance companies, and therefore I constantly make use of it, and ought to know something about it. Now, under these circumstances, well knowing the opinion of the other physician, I examined Mr. Whitney with all the care and accuracy of which I am capable; I declared to him that I could not discover any tubercles in his lungs, and that I did not believe that any existed. [No notes of the examination.] Now, Sir, on turning to the report of the post-mortem examination, it will be seen that a "cavity" was found, but not a single tubercle. I will not, of course, assert that such a thing as a tuberculous cavity never exists without the presence of other tubercles, but I do say, that it is a most rare and exceptional circumstance; but I wish to make a few remarks on this "cavity." Was this a *tuberculous* cavity? It neither contained any kind of fluid, nor was it lined with lymph, nor the slightest appearance of false membrane, nor were there any remains of *tuberculous* deposit, and *I* at least have never seen a tuberculous cavity similar to it—in fact, although that word was used in the report as probably most readily occurring, it could scarcely be justly so called; it was rather a shallow depression or scooping out of the actual apex or superfices of the lung; its surface was not like that of a "cavity," but rough and irregular, and had that peculiar appearance, that all present remarked it looked as though a slough had separated. Communicating with it

was a perforation in the pleura, sufficiently large to admit the little finger of the gentleman who had operated; all other appearances about the lung were of the most recent disease, the hepatization was in its earliest stage, and the adhesions spoken of were so recent that the folds of the pleuræ were, more properly speaking, glued together, than adhered. We did not discover the slightest sign of chronic disease in or about the lung; and so striking was this fact, that Dr. Mott told the family, after the post-mortem examination, that we had not seen any disease that might not have been produced within a week. But Dr. Mott is here to speak for himself. Dr. Green says that the epiglottis was thickened and its border whitened with a line of erosions. At the post-mortem, this part was very minutely and carefully examined, and found to be extraordinarily healthy and free from the slightest vestige of disease. Under all these circumstances, I am forced to believe that Dr. Green erred in his diagnosis, and that these various operations were unnecessary and uncalled for. I do not say that the operation of tubing caused the disease in the lung, because I confess myself ignorant of the effects of nitrate of silver on the substance of the lungs; but for the operation itself, I do not hesitate to express my conviction that it is at all times attended with extreme peril and risk of the patient's life. I have never heard of or seen a single case of phthisis where it has effected a cure, and therefore I believe it to be perfectly unjustifiable. I believe that a slough or eschar was formed at the apex of the lung, involving the pleura, and which, at the time of the unfortunate occurrence, became separated by the violent exertions and spasmodic coughing—the air percolated into the cellular substance, and produced the emphysema which formed so prominent a symptom. I will now leave this part of the case, and go on to that which was, after all, undoubtedly the immediate cause of the death of the patient. I mean the lesion of the pharynx. By referring once more to the post-mortem examination, it will be seen that there was a lacerated opening in the pharynx communicating with a large abscess. I have heard it rumored—and, indeed, it has been stated in the public papers, especially in an article in the *Tribune*, which is evidently from a suspicious source—that this abscess was chronic. Insinuations were made against Dr. Mott and myself in regard to it. If, Sir, the friends of Dr. Green have given currency to this idea, or intend in any way to suggest it, then has the Doctor ample reason to say "Defend me from my friends." It appears by his own statement, that for two months previously to his death Mr. Whitney was under the professional care of Dr. Green; for my own

part, I solemnly declare, I have never prescribed for nor heard him complain of his throat. Early in October, the Doctor cut out one of the tonsils. Did the chronic abscess then exist? if so, how was it that the Doctor did not discover it? He several times applied the sponge and probang: did the abscess then exist? On the 8th of December Dr. Green states that he passed the tube down the trachea. This, at all events, whatever we may think of the operation itself, requires a careful observation of the parts: did the abscess then exist, and the Doctor not discover it? But, Sir, on the very day of the last unfortunate operation, Dr. Green was showing to Dr. Foy how he applied the sponge to the larynx, and showed why it only entered the pharynx—of course the organs were closely observed: how was it that the Doctor did not diagnose this chronic abscess? Why, Sir, the reason that Dr. Green did not see this chronic abscess, was because it did not exist. Sir, I do not believe that among all those who are now listening to me there are two opinions. At all events, to my mind, the evidence is irresistible, that in the last unfortunate operation, on the 14th of December, the pharynx was accidentally lacerated by the probang; the first effects, as we have seen, were excessive irritation of the parts, and a severe shock, increased, no doubt, by the nervous temperament of the patient, and his conviction that the injury was fatal. Afterwards, doubtless, portions of the various foreign bodies he attempted to swallow, food and medicine, were forced into the wound. After three or four days, a sloughy abscess began to be formed, which, gradually increasing in size, formed a mechanical obstruction to swallowing; by pressure on the adjoining parts, prevented the epiglottis from properly closing, and produced the strangulation and regurgitation which we have noticed, till at length the unfortunate patient sank from exhaustion and asphyxia. I wish now, Sir, with your kind permission, to make a few remarks with respect to the post-mortem examination. I perceive by statements in the public papers, the source of which can easily be understood, that we are censured for not having Dr. Green present. I need not say that, as the case progressed, the excitement and feeling in the family did not diminish. I do not think that on this point I have the right to judge Dr. Green; he doubtless did what he thought right in the matter; but had he, by sending inquiries, shown any sympathy with the misfortune of the family, it would have afforded an occasion to Dr. Mott and myself to have introduced him; that he did not so act, was repeatedly remarked by many of the family. Now, under these circumstances, it was no pleasant thing to ask permission of the

family, and I frankly allow we did not; but, for myself, I solemnly declare, that I went to that examination without the slightest idea of criminating Dr. Green, but with the earnest desire to ascertain the nature and extent of the injury. But let me ask, What do these insinuations mean? I will tell you how the post-mortem examination was arranged: I asked Dr. Mott who he would wish to perform it; he replied, his son, Dr. Alexander; and on the day of that operation I was introduced and spoke to that gentleman for the first time in my life. The insinuations to which I have alluded either mean that we were not competent for the examination, (if so, let the truth be told,) or that the examination or report was distorted to meet particular views. On this point I shall merely remark, that Dr. Alexander Mott has never, till to-night, heard me say a word as to my views of the case. I do not know his. We have never interchanged a word on the subject. Both he and his father hold such positions in the profession and society, as ought to place them beyond such calumnies. As for myself, those who know me, Sir, will not, I am proud to believe, imagine me capable of misrepresenting solemn facts, for any purpose whatever; and this is all, Sir, I think it needful to say in answer to these unmerited and disgraceful inuendoes.

DR. VALENTINE MOTT followed, strongly substantiating the post-mortem examination, which, he said, was prepared by himself, and controverting Dr. Green's theory of the case.

DR. GREEN said: I do not rise, Mr. President, to make any speech. So far as I am concerned, I am willing to leave this whole subject to my professional brethren connected with the Academy, and to the profession throughout the whole world. In the first place, however, I may be allowed to say that there are some insinuations to which Dr. Beales has referred, which are improper and groundless. It has been inferred that I have sought to keep this *post-mortem* examination from the public. I should have been very glad at any time to have it published, as its publication would have saved a great many persons from having exposed themselves to heavy damages for libel, for it shows that there was no perforation, and no injury done to Mr. Whitney at the time; but that was not my reason for withholding it. I came before you, gentlemen, and stated the case candidly. It was at the urgent request of my friend Dr. Mott, (for I shall so consider him, notwithstanding all this,) that nothing should be brought before the public in relation to this, except through the Academy, that I refused to give this *post-mortem* over for publication. I have his written request here, and I offer to read it if he will allow me. Since the last meeting of

the Academy I have been visited by, I presume, no less than ten editors, desiring me to surrender that *post-mortem;* and there are some of the gentlemen here present to whom it was positively refused. I declined also to give it, at the advice of my friends, and in conformity with my own feelings, and these gentlemen of the Press can testify whether I did not so refuse. If I am permitted, I will read from Rokitansky's *Pathological Anatomy*—an authority on the subject which no one here will question—a description of one variety of tuberculous cavity, which, I think, will hardly be found to concur with the inferences of the gentlemen by whom this *post-mortem* examination was made. At page 103 of the Sydenham Society's edition, he says:

"*Infiltrated tubercle*, unlike interstitial tubercle, is actually deposited in the cavities of the air-cells. It arises from a more or less extensive croupous pneumonia, whose products, under the influence of a tuberculous infiltration, becomes variously discolored and converted into yellow tubercle, instead of being absorbed or dissolving into pus. Hence tuberculous infiltration presents the form of *hepatization*, induced by a tuberculous product." * * * * *

And again, at page 112:

"The contents of tuberculous cavities present many differences. Sometimes, and especially when the infiltrated tubercles begin to soften, these caverns contain a yellow and somewhat thickish pus; more frequently, however, they contain a thin, whey-like fluid, (tuberculous ichor,) in which may be observed numerous grayish and yellowish, friable, cheesy, purulent flocculi and particles, whose quantity, however, is not in itself sufficient to explain the profuse expectoration which so often occurs in phthisis. This fluid is often of a grayish red, or reddish brown—(mark the similarity of the phrases here and in the gentleman's report)—or chocolate color, from the admixture of blood; or of an ash or blackish gray color, from the pigment which it takes up during the softening of the tissue. Moreover, the caverns sometimes contain smaller or larger fragments of lung, resembling the parenchyma contained in their walls, and chalky concretions are occasionally found in them."

In the next place, I would say that the inference is left to be made by the members of the Academy, that this sloughing was produced by an injection administered on the 6th of December, between which and the date of Mr. Whitney's death (on the 21st, I think,) an interval of fifteen days elapsed. Now, every gentleman of the Academy who understands what they are now doing in France, knows well that during its last five sessions the French Academy has been occupied

in discussing this very subject of injection and cauterization in diseases of the air-passages, admitting unanimously that this operation is not only performed with safety, but that great beneficial results follow therefrom. And within the last few months large numbers of young and delicate children—1, 2, 3, 4 and 5 years of age—have been treated for croup by injection with nitrate of silver into the larynx, by such men as MM. Trousseau, Loiseau, Bouchut, and others. Professor Bennet, of Edinburg, in describing his use of the introduction of the tube and injection into the lungs, says:

"My period of attendance on the clinical wards having expired in January, it was not until last May that I had an opportunity of making a series of observations on this subject. I was then fortunately assisted by Prof. Barker, of New York, who showed me the kind of catheter he had seen Dr. Green employ, and demonstrated the manner in which the operation was performed. Without entering into minute particulars, I have only to say that I have confirmed the statements made by Dr. Horace Green. I have introduced the catheter publicly in the clinical wards of the Royal Infirmary in seven patients. Of these, five were affected with phthisis in various stages; one had chronic laryngitis, with bronchitis; and one chronic bronchitis, with severe paroxysms of asthma. In several other cases in which I attempted to pass the tube, it was found to be impossible—in some because the epiglottis could not be fairly exposed, and in others on account of the irritability of the fauces and too ready irritation of cough from pressure of the spatula.

"My experience of this treatment is as yet too limited to permit my saying anything of its permanent effects. In the case of bronchitis with asthma—a female, aged 24—I have now injected the lungs eleven times, at first throwing in two drachms of a solution of nitrate of silver, of the strength of half drachms of the crystalized salt to one ounce of distilled water, and latterly I have thrown in half ounce of a solution of the strength of two scruples to one ounce. She declares that no remedy has had such powerful effect in lessening the cough, diminishing the expectoration, or delaying the asthmatic paroxysms. She breathes and blows through the tube, when inserted four inches below the larynx, and I have been surprised at the circumstance of the injections not being followed by the slightest irritation whatever, but rather by a pleasant feeling of warmth in the chest, (some have experienced a sensation of coolness,) followed by ease to the cough, and a check for a time to all expectoration.

"I think it of importance that these facts should be known to the

profession, as a homage justly due to the talents of a distinguished Trans-atlantic physician, and with the view of recommending a practice which, if judiciously employed, may form a new era in the treatment of pulmonary diseases." [Applause.]

I have only one word more. I never go, unless requested by some one, to see a patient. I did not desire Mr. Whitney to come and see me. He came of his own accord. I treated him legitimately, and, I believe, properly. When he left me and went under the care of another physician, should I lower myself by dogging him, and thus degrade the profession? [Applause, and cries of "Good!"] Never. Had they sent for me, (I having had several cases of retro-pharyngeal abscess, where I have saved the lives of the patients by opening those abscesses,) I would not have hesitated to go. I saved my 2 or 3 patients in this city by opening the abscess; they failed to do so. Why should they not come out as magnanimously as Carmichael did, when, having lost two patients from having overlooked a pharyngeal abscess which was not discovered until after death, he bravely acknowledged it? Dr. Beales has himself described the rage of the family toward me. And how did they meet it? Why was it not lulled at first, as I would have endeavored to do for you, Sir, or for any member of this Academy? [Applause.] Why was not this done by the physician in attendance on the family? I merely ask the question. He has declared that if I had ventured to come near the house I should, in all possibility, have suffered personal violence. This is one reason, perhaps, why, even if I had been called on, I should not have gone. But I would have gone, nevertheless. To these remarks, Mr. President, I wish to add one other. Having understood that a *post-mortem* examination was to be made, several of my medical friends called upon me and urged that either I, myself, or my representative should be present. At length, when the day arrived, Dr. Carnochan, my colleague, said it was injudicious to permit the examination to be made without one of us being there. I deputed him, therefore, to claim of Dr. Mott the privilege of being present. In accordance with this arrangement he drove down in his carriage, but was too late; the examination had already taken place. [Applause, which was immediately put down.]

Dr. Detmold—I wish this applause to be stopped. I do not think it comes from the members of the Academy, and as there are reporters here, I do not wish to have the fact misstated to the public.

The President expressed his hope that all such demonstrations

would, in future, be abandoned. He called on Dr. Valentine Mott to state his views of the case under discussion.

DR. MOTT said: It is not necessary, in my opinion, that I should give any elucidation of this case. I will confine my remarks especially to the *post-mortem*. It ake it for granted that Dr. Green and all his friends, and indeed every member of this Academy, will do me the justice to state that they believe me. If they do not, I will never show my face here again. What motive could I have had in drawing up this *post-mortem*? It was to arrive at the truth, and my whole object was to state it fairly and impartially. And it is done so. I am willing to answer for it, and I will attest to it at any moment. Some insinuations have been made here (with the newspapers we have nothing to do) that that was a chronic abscess. Mr. President, I have not lived in vain—I have lived long enough to know what an acute and what a chronic abscess is; and I say to this Academy, irrespective of any man, that that was not a chronic abscess, but that it was an acute abscess; and I furthermore say, that any man, knowing the anatomy of the pharynx and the larynx, would say immediately that that abscess could not have been got at by the fauces, so as to have been opened. I know the nature of acute and chronic abscesses about the pharynx, and I know a little, I suppose, about opening them, but I defy any man to say that he could see the situation of that abscess by looking into the mouth. That abscess was situated a little laterally of the left side of the thyroid cartilage, reaching down to where the œsophagus begins. Everybody knows that the œsophagus begins lower. In a state of emphysema who can see far into a patient's throat, when everything is blown up? If I had known there was an abscess there, I should certainly have sought more marked symptoms. I wish it understood that I state here, in the face of this Academy, and in the face of this community, that that was an acute abscess. There shall be no shuffling about this thing; the truth must be spoken, and, as far as I know it, I will speak it. The condition of that larynx throughout was remarkably normal. There was not an iota about it that was at all unnatural. Let no man reproach us for not being vigilant. I say anatomically, in defiance of any man, that that abscess could not be reached, *per orem*, through the mouth. I know patients can be saved, but this one could not be. I defend the *post-mortem;* I defend every part of it; but let no man reproach me for inattention.

THE PRESIDENT—Be kind enough to say whether this was to be considered as, in any way, a post-pharyngeal abscess.

Dr. Mott—It was a post-laryngeal—it was hardly a post-pharyngeal. Laterally, it went a little perhaps to the left side of the pharynx.

Dr. Douglas—If this was an acute abscess, and had continued from the first day on which Drs. Mott and Beales saw the patient, why is there not some mention of it in the history of the case? I should like to hear the diagnosis made previous to the *post-mortem.*

Dr. Mott—I drew up that statement, and am answerable for it from beginning to end; and I have nothing to add in connection with it, only what I have said in defence of the nature of that abscess. The moment the neck of this gentleman (Whitney) was exposed, and before a cut was made in it, I remarked to my friends, "That is a remarkably large larynx and trachea." I don't know that I ever saw the calibre of a larynx and trachea as large as his was. The abscess was situated as I have described. I do insist upon it, that there should be no insinuations thrown out in regard to our motives in this matter. As for myself, I had none but the truth, and have none in appearing here but the truth.

Dr. Douglas—I wish to call the attention of the Academy to one fact, and that is that no insinuations have been made. There is one point I wish to submit in relation to the *post-mortem:* When a simple incision was made and pus flowed, why should not this have been done before the death of the patient?

Dr. Mott—There was no opportunity to feel for fluctuation. You, as a surgeon, (addressing the Chair,) know very well the condition of an emphysematous patient, and you know that, in such a case, it cannot be discovered. And even if we had discovered the fluctuation, what good would it have done? Could we have cut down into it? The emphysema was so very terrible about the neck and the whole front, that it defied altogether the discovery of the abscess. Good Heavens, gentlemen, can you suppose, for one instant, any of you, no matter how good you are, or how young or how old in experience, that I could not detect fluctuation, under ordinary circumstances, as well as other men?

Dr. Peaslee—There is one point to which I wish to call attention.

Dr. Jas. R. Wood—(Interrupting)—I rise to a question of order. We have assembled here to hear the statements of Drs. Green, Mott, and Beales. We have not come here to act or to sit as an inquisition upon these gentlemen. This is a scientific body. We cannot debate here as to the right or the wrong, the proper or the improper treatment in this case. The gentlemen have appeared here to illustrate their respective positions.

DR. GRISCOM—What is the point of order?

THE PRESIDENT—The gentleman is coming to it.

DR. WOOD—The gentleman will find it out.

DR. GRISCOM—But the point ought to be stated first.

DR. WOOD—This report is the special order for the evening, and I move that the subject be referred to a special committee.

DR. GRISCOM—That is not a point of order.

THE PRESIDENT—Has the case been fully presented yet?

DR. PEASLEE—I rise with no intention of impugning anybody's motives. I rise to come directly to a question of pathology, if that is in order.

DR. WOOD—No, I think it is not. If you have any statement to make in regard to the case, that will be in order.

DR. PEASLEE—It is a construction in regard to the circumstance in which this case originated.

THE PRESIDENT—That is in order.

DR. PEASLEE—In regard to this abscess, I shall agree with Dr. Mott fully, that it was an acute abscess. It has been assumed, and I think we all admit, that if that abscess could have been opened it would have given a good deal of relief to the patient. Now, in fact, that abscess was opened. It had a hole large enough to allow the introduction of one finger, and, in fact, Dr. Beales said, of a second one. Then there comes up the question, why was there not a free evacuation of that cavity? It seems to me that the connection between the lung and the emphysema is very clear. The emphysema came from the lung. That might have been the first, and then came the abscess

DR. REESE said he wished that the cause of death, as entered on the certificate, be stated.

The President said he believed the statements as to the *post-mortem* examination had not all been presented. Dr. Alexander B. Mott was yet to be heard.

DR. GRISCOM inquired of Dr. A. Mott if he was a member of the Academy.

DR. A. MOTT replied in the negative.

DR. GREEN proposed that the Academy grant Dr. Mott a hearing, as a matter of courtesy. This was acceded to, and a resolution was adopted to that effect.

DR. FOY wished to correct a statement made by Dr. Beales, that he (Dr. Foy) had gone to Dr. Green's office to learn to pass the pro-

bang. It was not a matter of much importance, but he did not want to have it go into the papers. [Laughter.]

Dr. A. Mott—I was merely requested to make the *post-mortem* examination, and did so, with the best of feeling toward Dr. Green, for whom I have always had the most friendly regard; indeed, I meant to make the examination rather with a view to contradict any unfavorable impression that may have been entertained against him. This opening was a little to the left side of the pharynx and the cavity containing pus and destroyed filamentous tissue, extended back from the larynx and downwards toward the trachea on the left side. It was not a post-pharyngeal abscess, and I do not see how it is possible that destroyed filamentous tissue, such as appeared in this abscess, could arise from a chronic or an acute abscess, to the extent that we found it in this abscess. The cavity in the lung did not appear to me like an abscess, or any cavity that I had ever seen from disease of the lungs; that is to say, from tubercles, or any disease of that description. It had a novel appearance entirely. I have seen very many abscesses of the lungs, and I never saw one resembling this cavity.

The President.—In what lung was it?

Dr. Mott.—In the upper lobe of the left lung, near the region of the bronchial ramifications. I don't know that I have anything more to say. The facts stated in the post-mortem examination are correct in every respect.

Dr. Douglas.—I don't see that any additional light has been thrown on the matter by this last statement. I don't exactly understand what Dr. Mott means when speaking of this abscess.

Dr. A. Mott.—In what respect?

Dr. Douglas.—As regards such an amount of disintegrated filamentous tissue not being found in either an acute or a chronic abscess.

Dr. Mott.—I say it is rare to see so much sloughing filamentous tissue in any chronic abscess.

Dr. Douglas.—You added acute.

Dr. Mott.—I will repeat it—or hanging from the walls of an acute abscess. I believe the majority of the gentlemen will back me in that assertion.

Dr. Jas. R. Wood.—I rise again to renew my motion to refer this to a select committee. No man here cares one cent about the feelings existing between these gentlemen. It has been brought here for us to deliberate upon in a scientific way. Nobody has been censured in the matter. Why, then, should questions be drawn in, calculated to injure the feelings of gentlemen here? Let the matter go to a com-

mittee, before which each of the gentlemen interested will be heard. I move that a committee of five be appointed, and, Sir, I wish it understood that I will decline to serve on it.

DR. BARKER.—I move an amendment to that. I cannot see the benefit that would arise from sending this subject before a committee. Why not discuss it in the open Academy? I can see no advantage in referring it to a committee, but I do in making it a general discussion, in which we may have the aid of the multitudes of physicians who are daily in the habit of performing the operation in question. Ninety-nine physicians out of every hundred have recourse to it in daily practice.

DR. WOOD said he would accept the amendment, but there was a great many questions to be considered, and investigations to be made, which could only be thoroughly attended to by a committee. There must not, he continued, be a party feeling here. There were several gentlemen present from abroad, and he did not wish to have it said that the applause or the hissing that had been here manifested belonged to the members of the Academy.

DR. REESE.—I again submit that the presentation of this case is not complete on the part of Dr. Beales, until he shall inform us what was the cause of death. I submit whether the City Inspector's certificate is not a part of the record, as stating the cause of death.

THE PRESIDENT.—I believe it is essential.

DR. BEALES.—I will answer the question. The cause of death, as placed on the certificate of the City Inspector, was "effusion into the lungs"—among you gentlemen here, not a very accurate description. There were two reasons, I believe, why that certificate was so returned. One was, I am allowed to say, from kindness towards Dr. Green. It was suggested by Dr. Mott. Finding myself somewhat embarrassed as to how I should make a return to the City Inspector, I consulted Dr. Mott upon the matter. And I will take this opportunity of stating that we have, both of us, (and I can appeal to Dr. Mott to sustain me,) been most urgent that this thing should be left quiet, and that blame should fall upon no person at all. The return to the City Inspector was made with that intention. It may be that scientifically it was not perfectly accurate, but I appeal to Dr. Mott if the intention in so framing it was not to avoid implicating any one.

DR. MOTT.—I am very happy to say that we conferred upon that subject, and a common desire was felt that nothing should be said that might awaken public feeling, or reflect on Dr. Green. I am sure that was enough. It is not worth while for gentlemen to talk in that

way exactly about names being specific. Where is there the medical man who is not occasionally put to his trumps to say what is the cause of death?

Dr. Green.—I wish to have all the truth brought out, and should be sorry if anything was concealed from delicacy of feeling towards myself. If these gentlemen have not reported to the City Inspector the true cause of death, I will not say they have failed in doing their duty, but I will say they would have done better if they had. I should be glad to have them state the cause of death before the Academy. If they know it, let us have it. Having been accused directly by Dr. Beales of having caused the patient's death, I wished to have that cause stated, and I pressed the wish to him, inasmuch as I am constantly treating patients in the same way. I have desired him to state explicitly in what way I caused death, and he has declined giving me an answer. I would like to know how a treatment in universal use could have been attended with such results.

Dr. V. Mott.—I will say for the edification of the gentlemen present, that we are all at a loss occasionally to find a name that will be swallowed as a disease that has been known. Now, for the information of the Academy, I tell you that that gentleman (Mr. Whitney) died of an abscess in the left side of the larynx, and anterior to the pharynx, and a little posterior on the left side; that was the exact situation of the abscess. Along with that he died with a most splendidly normal larynx and trachea, until within an inch of the bifurcation. He died of inflammation of the mucous membrane of the lower part of the trachea, of prodigious inflammation of the left bronchus, and of a less inflammation of the right bronchus. He also died from a cavity in the lungs, like as if they had been scooped out at the apex. He died of a very vigorous inflammation of half of the upper lobe, with hepatization, and a hole leading through the pleura costalis and pleura pulmonalis, through which he was blown up extensively by emphysema. Now, you have all I have to say on the post-mortem. Say what he died of, if you please? [Laughter]

Dr. Green again said he was ready to come before this Academy of his compeers, and have the question thoroughly examined. But I have had something to do with committees in this Academy, and, until a report in which I am concerned, that has been lying three or four years on the table, comes up and is disposed of, I would not feel warranted in favoring a reference of this subject to a special committee, as has been proposed.

A motion to adjourn was then put and lost, and all further contro-

versy terminated by the adoption, by a large majority, of a motion to lay the whole subject on the table.

The Academy then adjourned.

The Academy of Medicine met February 2d. DR JOHN WATSON, the President, in the Chair. The attendance was very large.

When the Secretary had read the minutes of the previous meeting, and the question as to their approval was being put from the Chair,

DR. VALENTINE MOTT rose and said: If I am not mistaken, there is one remark there which, perhaps, on my part, may call for a little explanation.

The PRESIDENT.—Is it reported correctly on the minutes?

DR. V. MOTT.—It is in relation to my having stated to Dr. Green that I wished that post-mortem examination (in the Whitney case) withheld from the public. It is true, I wished the whole to be withheld from the public, and that everything should be kept out of the papers—and even out of the Academy, if possible. I would only state that I did say that, I know, to Dr. Green; and I said so expressly to him, after the post-mortem, and in my own house; for he called on me to know the particulars of it, and asked me to make him a certified copy, and I did so forthwith. I only wish to be understood by the Academy to say that I did request that, as I have stated. Dr. Green can answer for himself.

The PRESIDENT.—Doctor, excuse me. That is out of order.

DR. MOTT.—Well, if it is, I will submit. I thought it was in order to correct the minutes.

The PRESIDENT.—If there is any mistake in the minutes it will be corrected. Is there any motion to amend the minutes?

No such motion being made, the minutes were approved.

DR. MOTT.—May I now amend them, or is it improper?

The PRESIDENT.—It will be in order directly.

The Academy then proceeded to dispose of the business as it came up, according to the established order.

The resignation of Dr. McNulty, as Chairman of the Special Committee on Public Health, was accepted, and it was resolved, on his suggestion, that a new Committee of five be appointed to protect and promote the passage of a bill now before the Legislature for the reorganization of the Health Department of this city.

DR. GRISCOM avowed that that bill had been framed by him, and said that the Senatorial Committee to which it had been referred was ready to report favorably on it.

Unfinished business was now declared to be in order.

Dr. Mott again rose, and said he did so merely for the purpose of having the minutes corrected, as he thought they ought to be. Dr. Green, he repeated, had called on him at his house for the purpose of knowing what the post-mortem appearances in Mr. Whitney's case were. He (Dr. Mott) told him. Dr. Green requested of him a copy of the statement, or an account of the post-mortem, which he promised to him, and he faithfully performed that promise. He dare say that he (Dr. Mott) said at the time that he wished that it would not go into the papers, and that he thought if any use was made of that, or anything connected with the case, the Academy was the appropriate tribunal to go before. He knew perfectly well that he had a motive in making that request, and he knew that he himself requested Dr. Green, at that moment, not to have anything in the papers in relation to that distressing case, because he believed then, and he still believed, that if no indiscretion had been committed in that respect, this case would have passed away *sub silentio*, in the course of a few days. But it had gone out, and as it had gone out he wished the minutes to be so corrected as to show that Dr. Green had called on him, and that he (Dr. Mott) had given him the post-mortem appearances. Whenever the appropriate time arrived, he should have something further to communicate on the subject.

The President.—The subject is now in order.

Dr. Mott.—Is it in order without adopting a motion to take the matter from the table?

A member moved that Dr. Mott be requested to proceed.

Dr. Mott—If there is any other business that will not occupy the whole evening, perhaps you had better call it up, for the reason that I see Dr. Beales is not here, and, as he is a *particeps criminis* in the matter, I should like him to be present.

In accordance with Dr. Mott's wishes, the matter under the head of unfinished business was temporarily postponed, and in the meantime

Dr. John O'Reilly read a paper on the Connection of the Nervous Centres of Animal and Organic Life.

A resolution was adopted referring to the Council, with power, so much of the President's address as relates to the establishment of a bulletin of the Academy.

Dr. Beales having arrived in the interim, the President announced that Dr. Mott's proposed remarks were now in order. The matter was accordingly taken from the table, by resolution.

Dr. Mott then said: Mr. President, as verbal communications are apt to be misconstrued, and sometimes misrepresented, I thought

it would be better to commit to writing what I have to say on this distressing subject.

He proceeded to read as follows:

GENTLEMEN: I have endeavored through life to make it my rule of action, "To do unto others as I would that others should do unto me." This desire, together with my personal esteem for Dr. Green, with whom I have been on terms of most friendly intercourse and correspondence for years, will explain, and, I trust, excuse to the public my unwillingness to give an opinion in the late Mr. Whitney's case, other than could be inferred from my *post-mortem* statement read at the last meeting of the Academy.

Nothing but a sense of justice to myself and others concerned in this melancholy affair induces me now to give to the Academy my entire and unbiased view on the subject.

At the same time I avail myself of the opportunity to contradict the untruths so industriously circulated by Dr. Green's friends with regard to Dr. Beales, my son, and myself.

Forbearance, beyond a certain point, ceases to be a virtue, and at this point I feel we have arrived. It therefore becomes my duty to defend my character against the unjust inferences drawn, and the false assertions made by the parties above alluded to.

In the first place, then, because Dr. Green was not called in to assist in the treatment of the patient during his illness, or invited to witness the *post-mortem*, it is inferred that Dr. Beales and Dr. Mott prevented it.

And it is furthermore stated that one member of the family desired his presence. The inference and the assertion are alike untrue, as the accompanying letter from the family will prove.

(The letter lies on the table; it is not necessary for me to read it; you will take my word, probably, for it, in this as well as in other things, which I know will pass muster. This letter is from the family, stating that they were perfectly satisfied with Dr. Beales and myself, in every part and circumstance connected with the case, and that on no account could they have admitted Dr. Green to participate in anything connected with his illness or his death. There it is, signed by the whole family. Therefore the statement in the public prints now floats lightly on the water.) After this interpolation, Dr. Mott continued to read:

The excited feelings of the family were such as to preclude the possibility of urging Dr. Green's attendance. Nor can it for a moment be imagined that such a wish could have been entertained by *one* of

the immediate relatives of a man *who* throughout his illness to the *day* of his *death* persisted that he was suffering and dying from the professional treatment of Dr. Green.

To say that a correct diagnosis was not made is idle and ridiculous; and the assertion, *that had* the *abscess* been opened his life might have been spared, is equally absurd.

It was evident that some lesion or injury did exist, to account for the extensive emphysema, but where the injury was no man could tell until after death. The tumefaction, from the extensive diffusion of air through the cellular tissue, rendered any satisfactory inspection of the throat within or the neck without impracticable.

The abscess, or rather cavity, contained very little "*pus*" at the *post-mortem*—enough only, had the patient's life been prolonged, to have aided in throwing off the large quantity of sloughy, cellular membrane, which hung like "wetted tow" within the cavity, and with which it was mostly filled. This, with the lacerated opening into the pharynx, and the serious lesion of the left lung, would lead to the belief that some irritating substance or fluid had been introduced.

With regard to the situation of the abscess or cavity, I again assert it was such as to forbid the idea being entertained by any one acquainted with surgical anatomy that it could have been seen by any examination from within the mouth, or felt externally by the most careful manipulation upon the neck. Of the facts surely those who were in constant attendance on the case ought to be the best judges.

I feel as if the experience derived from 53 years of practice, together with my duties as Professor of Surgery during that time, ought at least to entitle me to the confidence of a public under whose eye and in whose service my professional life has been spent; and I am willing to leave it to that public to decide, from their knowledge of me, whether I am capable of drawing up a *post-mortem*, the principal object of which would be to heap censure upon Dr. Green, or on any other man. All that is required in a *post-mortem* is a plain and full statement of the case. Such a statement I furnished to the Academy at the last meeting, and now add my solemn testimony to its truth.

I regret that more is called for, and that I am compelled to give my opinion also, which is, from the best of my belief, that Mr. S. Whitney died in consequence of the treatment to which he had been subjected previous to the attendance of Dr. Beales and myself.

The PRESIDENT—Gentlemen, if there be any new facts in connection with the case, now is the proper time to bring them forward. I will just say, however, *in limine*, that nothing but facts will be admitted.

DR. GREEN—Mr. President, I have some facts to state.

DR. MOTT—Mr. President, one moment, if Dr. Green will allow me.

DR. GREEN—Certainly.

DR. MOTT—The letter it is perhaps not necessary to read I have it here, if the Academy wish to hear it. In addition to that, my son made, with some care last night, a preparation with a view to illustrate the localities of this thing, and it will be produced if the Academy thinks it would be benefited or satisfied by seeing it. If not, we will proceed as the Academy sees fit.

A member moved that the letter referred to by Dr. Mott be read. The motion was seconded and carried.

DR. MOTT then read the following letter:

"NEW YORK, *January* 24, 1859.

"We hereby certify that we have carefully read the statements made by Drs. Mott and Beales, relative to the illness and death of the late Samuel S. Whitney, and, as far as we have respectively seen and are capable of judging, they are perfectly true and faithful; and furthermore, that we have, none of us, expressed any wish or desire that Dr. Green should be called in to see him. We also declare that we have the fullest confidence in Doctors Beales and Mott, and believe that they discharged their duty, doing everything that it was possible to have done."

This, he said, was signed by the father of the gentleman, a very aged man, more than four score; his wife, Mrs. Whitney, was too feeble and she did not sign it, but it was signed by all the other members of the family, by Mr. Ferdinand Suydam, Mr. John Dorr, Emeline Dorr and Emeline Whitney Phœnix—all the family with the exception of one surviving son.

DR. BRONSON—Is that all the letter? Without any disrespect, it is not all that was stated to be in it.

PRESIDENT—That is all that is in order now.

DR. GREEN—Mr. President and Gentlemen of the Academy of Medicine: I regret exceedingly that Dr. Mott should have made that last declaration. The high respect which I have had for that gentleman, and the love which I have felt for him as the oldest member of the surgical profession of New York, have impelled my feelings from beginning to end in his favor, and I have been determined that I would bring nothing up, so far as I was able, that should have a tendency in any way to injure his feelings, or bring discredit

on the course he has pursued. I therefore deeply regretted, indeed, to hear him make that last statement, because it has not been and it cannot be substantiated that my treatment was the cause of the death of Mr. Whitney. [Applause.] Inasmuch as Dr. Mott has alluded to private conversation, I shall take the liberty of alluding to an interview which I had with him, and which, until this moment, I have withheld, because I did not feel that I was at liberty to make statements which were not brought before the public, and which were not made either in the *post-mortem* or in the report which was read by Dr. Beales. But this I will state, that two days before the death of the patient, on Sunday evening, he made me what I considered a kind and friendly visit, and stated that he had heard these rumors or reports, that he knew they would affect my feelings, and that he would do by me as he wished to be done by. He came to me to make these statements, and requested of me what I had done in regard to them. He stated to me that it had been emphatically declared to him by the attending physician, as well as by the patient and the friends, that in operating on him I had used a metallic or other tube, which had punctured the wind-pipe, and hence the emphysema. I related to Dr. Mott, in precisely the same terms as I have stated here, so far as I recollect, the course I pursued in regard to Mr. Whitney, and then referred him to Dr. Foy, who was present at the last operation. Dr. Mott said, "If that is so, it is impossible that this injury could have been produced as stated; the sponge probang could never have produced this injury." He furthermore stated that the emphysema, which had been very great and extensive, had almost entirely disappeared, so that his countenance presented almost its natural appearance. These were the very words the Doctor used. I thanked him for his kindness, and walked home with him, talking with him and making inquiries as to what could have been the cause of this emphysema. "But," he said, "how can we account for the occurrence of the emphysema, which has now almost entirely disappeared, and for the impossibility of deglutition, and difficulty of respiration, under which the patient suffers?"

Œdema of the glottis was suggested, but the respiration was not such as occurs in this lesion. Neither of us thought of or suggested a pharyngeal abscess. When we parted, he appeared entirely satisfied with my explanation, and declared, as he did repeatedly during the interview, that he would go back and declare to the physician and friends of the patient the truth as he now believed it.

In my interview with him in regard to the *post-mortem*, he never

declared to me that there was any opening whatever in the pharnyx; that was a fact which came to my knowledge subsequently.

I will now, with leave, Mr. President, proceed to lay before the Academy some further facts and statements which I have in my possession, and which have an important bearing upon this subject.

In the first place, Mr. President, I desire to call the attention of the Academy to the ground upon which I first took my stand; namely, that in the management of Mr. Whitney's case, my treatment was based upon the positive presence of tubercular disease of the lungs, complicated with follicular disease of the throat; and that this treatment, adopted in accordance with the present state of medical science, was legitimate and appropriate; and, furthermore, that whatever lesions may have been revealed by the partial *post-mortem*, instituted by the physicians present, none of these could by any possibility have resulted from any operation of mine.

A plain history of this treatment, precisely as it occurred, together with the indications upon which it was founded, was laid before the members at a former meeting of the Academy.

At the last meeting of the Academy I exhibited to you, gentlemen, the identical instrument with which the operation was performed, and Dr. Foy, who was present at the meeting, and who stood by the patient and observed the operation, corroborated my statements, and declared that "the irritation caused by the introduction of the instrument was not greater than he himself had experienced when having his uvula touched with nitrate of silver." It was also shown that although the patient remained some time after the operation, clearing his throat and expectorating, yet not a particle of blood was seen in the sputa. And yet Dr. Beales comes forward, and in this open Academy declares that the evidence is irresistible, that by this "unfortunate operation on the 14th of December, the pharynx was accidentally lacerated by the probang, and that this was evidently the immediate cause of the death of the patient." Sir, I deny this unfounded accusation, and I shall now proceed to show by facts that the occurrence of such an accident is simply impossible.

Before the last meeting of this Academy, Dr. D. S. Conant, Professor of Surgery in the University of Vermont, Demonstrator of Anatomy in the New York Medical College, one whose ability as an anatomist and pathologist none will dispute, made some important experiments on the cadaver which afford undeniable proof—if proof were still necessary—that the accident to which Dr. Beales refers could not

by any possibility have occurred. In answer to an inquiry made on this subject, Dr. Conant writes:

"I have very recently made several experiments in regard to the sponge-armed probang, the unarmed probang, and the ordinary tube, for operations within the air passages; and thus far I have found no one of the above named instruments *strong enough to be pushed through the trachea with all the force that could be brought to bear upon such an instrument.* I subsequently made a small opening in the trachea about the size of the whalebone, and then attempted to force the sponge-armed instrument through the same opening by lacerating the borders of the punctured membrane. Here I found that the instrument was not strong enough to produce the slightest perceptible laceration. Indeed, I believe the sponge would be torn from the staff before the membrane would give way. I then tried the tube, and also failed to produce the slightest effect upon the trachea. On dissecting down on the bronchial tubes, I found that I 'could at pleasure direct the tube into either the right or left bronchus.' It is proper to state, that while trying to perforate the trachea, I had a strong ligature applied to the organ at the point just opposite the upper end of the sternum.

"After trying the above experiments, I turned my attention to the *pharynx, and found the sponge-armed probang incapable of producing the slightest abrasion of the mucous membrane.*

"I experienced much difficulty in using any great force on the anterior wall of the pharynx, as there is no point upon which the instrument could be made to catch, without going into the larynx. But upon the sides, and posterior wall of the pharynx, *I used all the force the instrument would bear, without at all breaking the mucous membrane.*

"My experiments were made upon the female as well as the male trachea and pharynx; and I am fully satisfied *that it is absolutely impossible to perforate either the trachea or the mucous membrane of the pharynx or larynx,* with the ordinary sponge-armed probang or the tracheal tube. Yours, very truly,

D. S. Conant."

All this was well known before, Mr. President, that under the circumstances such a lesion, as it is stated in the *post-mortem* was found in the pharynx, could not have been caused by my instrument. You, as a surgeon, know, sir, and every anatomist and surgeon in this room are aware, that neither the lining membrane of the larynx or pharynx could have been thus ruptured. No, sir, the Almighty

Artist, in His wisdom, never lined those important *life tubes* with tissue paper, to be easily and fatally torn.

I have one other fact to answer to the charge made by Dr. Beales, that a "slough or eschar was formed at the apex of the lung, involving the pleura, by the injection of a solution of nitrate of silver." Without referring to the anatomical impossibility of the fluid reaching this portion of the lung, or commenting on the incongruity between the statement made in the *post-mortem*, that this cavity was "just at the root, or at the commencement of the bronchial ramification," and the assertion made by Dr. Beales, before this Academy, that it was a "scooping out of the actual apex, or superficies of the lung," (two positions nearly six inches apart,)—without, I say, stopping to comment upon these incongruities, I shall only state one fact, furnished by Dr. Beales himself. It is this—that on the 12th day of December, six days after this injection into the bronchi was made, the patient drove over to Long Island, and spent the day in riding about, dined with friends, and returned to the city at night, feeling and appearing better, as the Doctor himself affirmed, than he had for several weeks before! And all this when, according to the Doctor's "opinion," acute inflammation and sloughing of the lung was going on, from the effects of this injection!

Mr. President, Dr. Beales confesses in one breath that he is "ignorant of the effects of the nitrate of silver on the substance of the lungs," and in the very next "he does not hesitate to express his conviction that it is at *all times* attended with extreme peril and risk of the patient's life." Why, sir, has he not known of its "effects" in disease? If he would not regard the experience and published observations of *Americans* on its use and effects, why has he not attended to the many favorable publications on this subject from distinguished physicians of his own country?

Many important works have been published recently in Europe on the topical treatment of disease, or in which this method is discussed. Among these is the excellent work on Consumption, by Dr. Cotton, of London; also Dr. John Hastings' work on "Diseases of the Larynx and Trachea, and their Treatment by the Local Applications of Caustics." The work of Dr. Scott Allison, of London, on the *Medication of the Larynx and Trachea*; of Professor Watson, of the University of Glasgow, on *Topical Medication;* and that of Professor J. Hughes Bennett, of Edinburgh, on *Tuberculosis*, and on the *Local Medication of the Larynx and Trachea*—these, or many of these, must be

known to the members of the Academy. I will claim your indulgence for a few minutes, while I allude briefly to the opinion of two or three of these authors.

Dr. Cotton, one of the physicians of Brompton Hospital, "in speaking of topical medication in chronic laryngitis and laryngeal phthisis, admits his previous unbelief in, and changed views with regard to, the practicability or propriety of topical medication of the respiratory passages." "I should here remark," he observes "that my own views upon this subject differ from those I formerly held, and have even expressed; and that I owe this change to the labors of Dr. Horace Green, of New York, who has convinced myself and others, not only of the possibility but of the safety and usefulness of the practice.

"For some months past I have employed this treatment extensively in cases of chronic laryngitis, whether idiopathic or tubercular, and very frequently with marked success.

"At the commencement of the laryngeal symptoms, a solution of the crystals of the nitrate of silver, varying in strength from ten grains to half a drachm to the ounce of distilled water, passed by means of the instrument recommended by Dr. Green, into the opening of the larynx, is often productive of great relief. I have known the voice regained, the irritable cough removed, and the tenderness and difficulty of swallowing dissipated entirely by it; indeed, I think we might almost speak of its curative effects, so far, at least, as the larynx is concerned, in some very early cases."

In Prof. Bennett's work on Consumption he expresses a decided opinion in favor of the topical use of nitrate of silver in the treatment of tuberculosis. He says:

"In all cases of tubercular deposit there occurs in the immediate vicinity of the exudation more or less of an inflammatory action, in which all the adjacent structures are involved. The bronchial membrane and the pulmonary parenchyma become at once congested, and subsequently inflamed. The terminal extremities of the bronchi," says Prof. Bennett, "are among the first structures affected; and as the tuberculosis proceeds, all the appearances characteristic of chronic bronchitis are produced, and are constantly going on in the progress of the case. Consequently," he observes, "the great problem to be worked out in the treatment of pulmonary tuberculosis is, that while, on the one hand, it is a disease of diminished nutrition and weakness, and consequently requires a general invigorating and supporting system of treatment, on the other, it is accompanied by local excitement, which demands an antiphlogistic and lowering practice."—(Op. citat., p. 68.)

It is to meet this last indication, to subdue the local inflammatory action in the immediate vicinity of the exudation—an action which, if continued, will not only effectually prevent the disintegration and absorption of the tubercular mass already formed, but which will tend to augment the mass—that applications of the nitrate of silver solution to the congested and inflamed membrane are advised, in early as well as in advanced tuberculosis.

Dr. Hastings says: "In the treatment of acute laryngitis, the topical application of a solution of the nitrate of silver may sometimes be employed with great advantage; indeed, unaided, it will not unfrequently remove the disease. But it is in the chronic form of laryngitis that this treatment is remarkably useful. Many such cases improve rapidly under local treatment applied to the larynx and trachea, which, if neglected for months, or it may be for years, not unfrequently lead to permanent changes."

In this connection, Dr. Hastings relates some most interesting cases of chronic laryngitis attended with hoarseness, cough, emaciation, "expectoration streaked with blood," difficulty of breathing, night sweats, and most of the ordinary symptoms of phthisis—all of which he says were promptly and permanently relieved by a solution of nitrate of silver, of the ordinary strength, applied to the larynx and trachea. With regard to the treatment of tubercular laryngitis, Dr. Hastings remarks:

"I know of no means so capable of arresting and removing it as sponging the windpipe with a solution of nitrate of silver."—(Op. citat., pp. 79, 80, 81.)

Professor Watson, of the University of Glasgow, says in his work on Topical Medication: "In the treatment of chronic disease of the laryngeal mucous membrane, I place my chief reliance on topical application to the parts affected."

And in the employment of local treatment in tuberculosis, he has recorded several most instructive cases, in which the larynx has been advantageously treated by topical means, in both incipient and advanced pulmonary phthisis. In combination with, or to be followed by appropriate general remedies, Dr. Watson urges the importance of the use of applications of nitrate of silver to the larynx in all those incipient cases of phthisis in which the cough is caused by actual laryngitis, by the irritation produced by the passage of bloody sputum, or by secondary nervous irritation of the larynx. He says: "In treating the larynx, with a view of diminishing the cough, the physician is not to be looked upon as irrational, but, on the contrary, as

aiming his remedial measures at the very source of much of the distress of the patient, and of the fatal progress of the disease."

No unprejudiced person can read the testimony embodied in the cases reported by Dr. Watson without having the conviction forced upon him that in many of these instances of early tuberculosis an arrestment of pulmonary disease was brought about by the measures adopted. He remarks: "Undoubtedly the tendency to tubercular disease still remains in the constitution, though its local manifestation had ceased to exist. Formerly there was positive evidence of an actual consumption; now there is no such evidence, but, on the contrary, all the signs and symptoms of perfect health."—(Op. citat., pp. 85, 168.)

Dr. Scott Allison, in his work on the Medication of the Larynx and Trachea, says: "I had so frequently found, in the treatment of local disease and local complications, that many remedies were far more efficacious when applied immediately to the part affected, or to its vicinity, than at a distance, and I was glad to learn that a sponge, loaded with a solution of nitrate of silver, and affixed to a probang, could, not only without injury, but with manifest advantage, be passed through the glottis and larynx, down into the trachea."—(Op. citat., p. 23.)

In chronic inflammations of the larynx, and of the upper portion of the trachea, the solution of the nitrate of silver has in my hands, as in others, been very useful in bringing the disease to a conclusion; and where that has not been accomplished by reason of its dependence upon incurable disease of the lungs, it has almost invariably afforded very considerable relief, by rendering the cough less violent and frequent, and removing much of the tickling and uneasy sensations at the upper portions of the larynx.

Dr. Allison is decidedly in favor of the employment of the nitrate of silver in the treatment of that cough and irritation of the glottis which are dependent upon the presence of tubercles in the lungs. He says: "Much comfort and benefit have been derived from its use, both when the tubercles have been crude and when they have become softened. The presence of undoubted cavities in the lungs, the breakdown of tubercles, and the expulsion of their *debris*, have not prevented this application from being decidedly useful."—(Op. citat., p. 8.)

Prof. Robert B. Todd, Physician to King's College Hospital, London, who has had much experience in the treatment of laryngeal, bronchial, and pulmonary diseases, by topical medication, has embodied in his "Clinical Lectures," recently published in the London Medical Times and Gazette, some of his views, and recorded his ex-

perience in relation to this subject. In the treatment of these affections he employs and recommends the local application of a solution of nitrate of silver (half a drachm to the ounce of water,) "by means of a probang thrust behind the epiglottis down to the glottis, on the plan of Dr. Horace Green, of New York." Dr. Todd says: "I could tell of numerous instances of coughs of the most troublesome kind, and of long duration, that had resisted all the ordinary cough medicines, and had yielded to three or four applications of the nitrate of silver." —(*Times and Gazette*, No. 139, p. 207.)

And finally Prof. Bennett closes his valuable work on pathology and treatment of pulmonary tuberculosis by the following practical conclusions:

"1. That not unfrequently diseases entirely seated in the pharynx or larynx are mistaken for pulmonary tuberculosis.

"2. That even when tuberculosis exists many of the urgent symptoms are not so much owing to disease in the lungs as to pharyngeal and laryngeal complications.

"3. That a local treatment may not only remove or alleviate these complications, but that, in conjunction with general remedies, it tends in a marked manner to induce arrestment of the pulmonary disease." —(Op. citat., p. 142.)

But, Mr. President, this is not a tithe of the facts and observations in favor of topical medication that might be gathered from the profession elsewhere, in this country and in Europe. I have spoken before the Academy of its employment in France, altogether more extensively than in this country, and of the efforts of such men as Velpeau, Piorry, Depaul and others of the Imperial Academy, to find some member of the profession in France for whom they could justly claim the honor of priority in this matter. But failing in this, they have, as many of you know, in the words of M. Trousseau before the Paris Academy, generously awarded this honor to a member of your own body. But how, Mr. President, has that award been received by this Academy, and what consideration has topical medication received at its hands? Its advocate, who stigmatized year after year for adopting a treatment and claiming to perform operations whose practicability and great usefulness (although here denied) are now admitted among the scientific of the profession in every country in Europe, now stands accused by one of your body of employing a treatment—this same treatment—which he, Dr. Beales, does not hesitate to declare "is at all times attended with extreme peril and risk of the patient's life." And, more than this, sir, he has accused me openly in

this Academy of having been by this treatment "the immediate cause of the death of his patient." Sir, I deny this—utterly and absolutely deny it; and I here arraign before this tribunal, and that of the professional world, its author, for having uttered against a Fellow of this Academy a calumnious charge—one which he has not and which he cannot substantiate. I have no desire to recriminate—I only seek for truth, and demand justice at your hands. But this I will say, in the words of the immortal Hufeland: "Would to God that the minds of all my medical brethren could be as forcibly penetrated with the truism as I am, that he who degrades a fellow practitioner degrades himself and his art." (Loud applause.) Sir, I will not recriminate; for if my cause, if the practice which I advocate, cannot be sustained in truth and in science, without sophistry or misrepresentation, then let it perish, and its author be forgotten. (Applause and hisses.)

Dr. Beales—I only regret, Mr. President, that I have not come prepared with something written as my predecessors have done, because, as has been justly stated, verbal statements may be misunderstood. Having stated the simple facts of the case at the last meeting of the Academy, and given frankly my opinion respecting it, I did not expect to be called upon to speak again to night. But, in consequence of the remarks of Dr. Green, I feel it due to myself, my colleague in the case, and to the Fellows of this Academy, to answer some of his strictures. My remarks are made off-hand, and therefore I beg you to excuse me if all my words are not exactly what they ought to be.

First, with respect to this tuberculosis, I wish to state that there was not the slightest physical sign of tuberculosis about the patient. The cavity that was found at the apex of the lung, in my opinion, was not tubercular; it had no sign of that character. Dr. Green is mistaken when he says there was a slough found there. I said no such thing. I said it appeared, we all thought, as though a slough had separated from there. We did not pretend to find a slough. As I said the other night, this was rather incorrectly described in calling it a cavity. It was not a cavity; it was, as I said before, scooped out at the apex of the lungs. It contained no kind of fluid, no lymph, no portion of false membrane.

Dr. Green read the other night a description of a tubercular cavity. I have taken the pains since then to read Rokitansky, and I assert that there was not the slightest appearance about this case similar to what that author describes as a tubercular cavity, nor what Andral, Louis, or Forbes and all those writers have described as such. Andral

says particularly, that it contains fluid, and as that fluid disappears false membrane is gradually formed. There was no such thing about this case, and I am perfectly certain, although I have not asked the question, that Dr. Mott will agree with me upon this point.

But I will go beyond that; every one of these great writers, every man who has written on tubercular phthisis, says, that it is a very rare and exceptional case to find a single cavity by itself in the lungs without any other signs of tuberculosis in the body. There was in this case no other sign of tubercle. The hepatization was the hepatization of pneumonia. What caused it is a question. The right lung was perfectly healthy. What does Louis say? It is so rare that there are not tubercles in both lungs, that in all his experience, with the exception of two cases, he has never found the tubercle confined to one lung. Every one of the writers speaks of the accompanying local diseases that always exist with tubercular phthisis.

Dr. Green has read the opinions of different eminent men. They all speak of applications in the larynx and trachea, and not to the lungs.

I stated that I would not say that this disease at the apex of the lungs was occasioned by nitrate of silver, because I confess my ignorance of the effect of it upon the lungs. The Doctor has accused me of being ignorant of the matter because I was not acquainted with the writers of my own country. I have read the works of every man that the Doctor has quoted, and I assert that he has not mentioned a single instance of the application to the lung; it has all been local application to the larynx, trachea and glottis, and not to the lungs. I spoke of my own want of personal knowledge. I am aware that the Doctor has been applying it, and that it has sometimes been applied in Paris, but we do not know the results.

There is one point that he alluded to, in which, I think, he saw his own danger. He said that this application of nitrate of silver to the apex of the lung could not have caused the death of the patient, because it could not have reached there. Now, sir, he diagnosed a cavity, or rather a softening, at the apex of the lungs. Read his statement. If the nitrate of silver could not get to the apex of the lungs, why did he attempt to inject it?

DR. GREEN—I have given the reason; it is very obvious, applications to the opening of the air-passages are beneficial in diseases of the lungs.

DR. BEALES—With respect to the glottis itself, Dr. Green applied the nitrate of silver repeatedly, without there being any disease at all.

There never was a more healthy glottis and larynx than we found in this case.

And here let me correct a slight mistake that Dr. Green has made in reference to the use of the tube. If Dr. Mott mentioned to Dr. Green that either the patient or myself stated that the tube had been passed down Mr. Whitney's throat on the day of the accident, he mistook or misunderstood the fact. The patient said it had been passed once, a few days before, and not on the day of the operation. He never said that it was passed down his throat on that day, but some six days, I think, before.

With reference to this injury by the probang and sponge, I will repeat the simple facts of the case. Mr. Whitney breakfasted at home, went to market, attended to his affairs, and then went to Dr. Green's office, where this operation with the sponge probang was performed. He said that the doctor felt some obstruction, which he was forced to overcome. He (Mr. Whitney) immediately felt something give way in his throat, and he told the doctor that he was hurt. The doctor explained it by saying that he had drawn in his breath—I do not recollect the exact expression. When I saw the patient he kept his throat grasped in this way, (clasping his throat,) saying that there was the injury. It is stated in the papers that he made use of an intemperate exclamation. It is true that I put that exclamation in my statement, because I wished to show the exact state of the patient's feelings, but it was not with my consent that it went into the papers. The gentlemen reporters will bear me witness that I struck it out of the manuscript before I handed it over to them. The fact was, he not only made that exclamation once, but probably forty or fifty times; and within eighteen hours of his death he said to his sister, "I am a dying man; what a horrible thing it is to be sent out of the world murdered in this manner!" This was the evidence of a man knowing that he was dying.

Now, I do say, if Dr. Green has performed this operation a hundred, or a thousand, or a hundred thousand, or a million times, and no accident happened, that is no proof that it cannot or will not happen, or that no injury was done on this occasion. Here we have the strongest moral evidence that this injury did occur. No one accused Dr. Green of doing it purposely; no one dreamed of it. Neither Dr. Mott nor myself wished to inculpate him. On the contrary, I could bring forward evidence to show that I did everything in my power to prevent this matter from being made public. Therefore his eloquent

statement about professional men injuring one another does not fall upon my shoulders.

This exclamation was made before he pointed out where he was injured, and he kept making it until the moment of his death. And in the post-mortem we found the lacerated opening in the pharynx precisely in the spot where he said it was. Is that evidence or not? Look at it in a common-sense view.

I repeat what I said at the first, that that laceration of the pharynx caused all the choking symptoms for three or four days. When this obstruction commenced foreign bodies were forced into the wound, and there was formed a large cavity which gradually suffocated the patient—which, by preventing the epiglottis from closing, interfered with his breathing and the taking of food. That could not have been diagnosed by any living man; and even if it could, there was no possibility of opening it in the state of the patient; and even if it could have been opened, it would not in the least degree have benefited the patient. Every one figures to himself an abscess with a large collection of pus, and nothing else. There was comparatively little pus. It was filled with extraneous substances, and more especially with a large mass of slough, partly loose, and partly hanging in it like wetted tow, as Dr. Mott has stated. I ask you, as surgeons, if you could have made any external opening into it, would it have saved the patient? Therefore I am perfectly justified in saying that the death of the patient resulted from that treatment.

DR. GREEN.—There are a few points in the gentleman's remarks that I beg leave to refer to. He says I located the abscess or cavity in the apex of the lungs.

DR. BEALES.—The softening, I said.

DR. GREEN.—It was under the clavicle, some distance from the apex. He says that I have not mentioned a case in which these authors used an injection into the lungs. I did not deem it necessary to bring before this Academy at this time what I have stated already, that Prof. Bennett, of the University of Edinburgh, has reported cases in the Edinburgh Medical Journal, in which he used injections with great advantage; and that they were constantly using it in Paris at this time. And in recent numbers of the *L'Union Medicale* it will be found that Trousseau has been injecting into the lungs for diseases of the air-passages. I did not refer to these cases at this time, because I have already submitted them fully.

Dr. Beales states that Dr. Mott admitted to the family that there was nothing found in the post-mortem that might not have occurred

within a week. Suppose this was so, how could the injection, which was made fifteen days before, have led to these pathological changes? for this is the inference. If the gentlemen will look at the last number of the Boston Medical and Surgical Journal, they will find that six cases of hitherto incurable croup have recently been saved by injecting into the larynx and trachea a solution of nitrate of silver, 20 grains to the ounce, while in the case of this patient only 15 grains to the ounce were used. One child, four and a half years old, was attended by Dr. Bowditch, Dr. Gay, and two or three other gentlemen. Finding that the patient must die, they commenced tracheotomy, and the child apparently died under the knife—that is, it ceased to breath, and the heart stopped beating. They, however, made the perforation through the trachea, and then poured into it half a teaspoonful of the solution of nitrate of silver, 20 grains to the ounce. The child gasped like a new-born infant, coughed, and drove out a piece of false membrane two and a half inches in length. Every two hours they followed it up, pouring in the solution of nitrate of silver, 20 grains to the ounce; on every occasion causing expectoration of the false membrane, until the child recovered. Now, what becomes of that child's lungs, if the solution produced inflammation or a scooping out of the apex of the lungs? They are doing this constantly in France and in our own country, and we have never heard of a single instance where injections have produced any deleterious effects upon the lungs. It was not necessary to bring up these facts in corroboration of the fact that this practice was being employed everywhere.

I say, then, if nothing occurred that might not have taken place within a week, is it possible that the patient could have performed all the acts he did, lived as well, and been as hearty until he came to have the application made by the sponge probang, at which time he declared himself better. There were erosions and ulcerations on the epiglottis and in the larynx, and I would be ashamed of my treatment if, after having had a patient under my care for two months, I should not have effected some change; and that this was so is proved by the declaration of these gentlemen themselves, who say that they found the larynx and trachea perfectly healthy. [Laughter and applause.]

A member rose and moved that the subject be referred to the section on the Theory and Practice of Medicine.

Dr. Mott—I beg before that is done to say a word in elucidation of what I have said before. Dr. Green observes, that when he was at my house, after the death of Mr. Whitney, to get information from me relative to the post-mortem, I did not speak of this cavity in the

anterior and left lateral part of the pharynx. If I did not I am surprised, because that was certainly a great feature in the case.

DR. GREEN—You mentioned the abscess, but not the opening into it.

DR. MOTT—I am speaking of that cavity. I denominated it an abscess in the post-mortem. Perhaps I should have been a little more nice and critical if I had known all this hoity-toity was to arise in reference to this unfortunate case. Now, there is no impropriety in the elucidation I gave in the paper I read at the commencement of this session, in which it is stated to be more a cavity than an abscess. I know what an abscess is, I suppose, as well as my brethren generally. Anything that contains pus may have been an abscess. But, as I observed, having reflected since we have got into this dilemma, I could have said more properly perhaps a cavity. My friend, Dr. Beales, said it was more a cavity than an abscess. We did attest to the accuracy of the post-mortem, and I am answerable for that; but had I foreseen this, I certainly should have been more precise and particular.

At the lower part of this cavity, just at the commencement of the œsophagus, there was a little pus, but it was literally a cavity. What caused that cavity deponent saith not, because it is impossible for me to say. I have been compelled, from all that has been published on the subject, reluctantly to give my opinion, and repeat that the cavity was filled—all but filled, if you will excuse it, with a little pus; no more than nature throws out—no more than was necessary to carry off this extensive slough of filamentous tissue. There must be some secretion of matter. A slough will never take place unless there is instituted around the circumference some little process of inflammation, ulceration and absorption. This sloughing of cellular membrane was extensive, and the opening from this cavity into the pharynx, I said in the post-mortem, was as large as one of my fingers, and Dr. Beales said after me that it was as large as two fingers. I am now willing to amplify upon my first statement, and say it was large enough to admit two fingers.

I have delicately and sedulously withheld giving an opinion, as you gentlemen who are Fellows of this Academy know, as to the cause of this difficulty, and I have not come out until this evening, after having been driven into a corner and compelled to do it. We have been attacked in a way that I never would attack anybody, nor reply to anybody. This is the proper tribunal for every medical man to come before.

One word more. That cavity did discharge matter for several days

before the death of the patient. It was in truth an empty cavity, with the exception of a little remnant of pus at the lower part. It was filled, as I have stated, with dead filamentous tissue. If anybody will take the trouble to dissect for themselves, they will find immediately in that part of the neck that there is a large amount of filamentous tissue. That was about being separated, and the idea that that encroached upon the trachea or pharynx at the time of his death is preposterous in the greatest degree. It did not. It was like an empty cavity—not filled with matter, as has been bruited about the city in the accounts of the affair.

And I repeat, perhaps for the last time, I defy any man, living or dead, ever to have reached an abscess situated like that, upon any principle of sound surgery. I am not ignorant of the nature of post-pharyngeal abscesses; I know they can be opened, and I know the great benefit of opening them. But here the extensive emphysema defied the fingers to detect it, if it had been full of matter, and as big as an egg. No surgeon could ever have detected it under the emphysema and tumefaction.

A single word more. The doctor has stated that other cavities ought to have been examined. Now, I believe it is stated in the post-mortem that the lung and all the other parts were sound. I now state that we examined every part of the lungs, above and below, and the right lung throughout every part was sound, so far as the eye could detect. Perhaps some gentleman will say we were behind the times, because we did not take a slice of that hepatized and pneumoniated lung, and examine it with a microscope. Mr. President, probably I shall die without that refinement. I am satisfied, with my feeble eye alone, that I can tell what tuberculosis is. I shall rest satisfied with that so long as I can see, because I think I am no boy in the profession so far as that is concerned.

Dr. Green.—The doctor is mistaken on one point. I did not say that he did not describe any abscess to me, but he mentioned no opening into the abscess. It seems to me if there was an opening as large as two fingers it ought to have been mentioned. The abscess he described, and the cutting in to remove the lungs and trachea. They cut into the abscess and pus gushed out; I use the doctor's words to me. Now, I cannot reconcile these two statements.

Dr. Mott.—Pardon me, there is no discrepancy in those statements. When the incision was carried along by the left side of the thyroid cartilage a little matter made its appearance, and I said to my son: "There is a little matter." It was really no amount of matter.

[Laughter.] All the other parts of the lungs below were entirely sound. This was a solidification from inflammation of the upper part of the left lung, about, say, half of it. We cut into the lungs all through—both left and right—all through the lobes of the right, and there was not an atom of tuberculosis to be seen in any part of it. If there was tuberculosis at the upper part of the lung, where our trouble was found, I have yet to learn what tubercle is. I covet with all my heart to learn it.

DR. GREEN.—If the cavity contained no pus, and must have broken before, so that the pus was discharged, how was it that it produced the effect that Dr. Beales speaks of—preventing respiration and deglutition, suffocating the patient, keeping the epiglottis back? I cannot understand all that.

Dr. Mott says the abscess was as large as a hen's egg. He mentioned no opening in it at the time I conversed with him, but he used these very words: "On making the incision the pus gushed out." And furthermore, I should think he would have mentioned it, because he said on making an examination of the larynx and trachea they found a small red point, which led them to exclaim: "Here is the point of laceration of the mucous membrane, by which the air must have escaped to cause the emphysema;" but when they came to examine it with great care they found no opening whatever. That red point was directly opposite the abscess, but it led to no opening into the abscess. If this opening, of which Dr. Mott speaks, was large enough to admit two fingers, why should it protrude the thyroid cartilage and cause suffocation before the matter was discharged? Dr. Beales stated originally that the opening was large enough to admit two fingers, into which, probably, food and other agents employed entered. Did this gentleman find any food in that cavity?

DR. BEALES.—There was nothing but a small portion of liquid food taken, and for eight and forty hours before his death no food at all.

DR. GREEN.—The question in regard to the tubercular cavity and deposits in the lung, I leave to be decided between Drs. Mott and Beales on the one hand, and Rokitansky and all modern pathologists on the other. If according to those authorities that was not tubercular—if they can make out anything else but tubercular deposit and cavity, then some new light will be thrown on pathological science.

DR. ANDERSON.—Mr. President, we have had this subject discussed before, and have got all the information that can be given upon the subject; I move, therefore, that it be indefinitely postponed. I would suggest that the papers that have been read here be kept in our

archives, according to the by-laws. It has certainly been a very interesting discussion.

Dr. Watson (vacating the chair).—Before putting that motion I ask the privilege of saying one word. I have listened with a great deal of interest to the report of this case. I merely desire to say, that I believe most of the statements made by the gentlemen who have discussed this subject are capable of being reconciled, and that a thorough, candid, careful statement made by the gentlemen, if brought together, will put this matter before our profession in such a light as to be clearly understood. As it is now it is not thoroughly stated. I say it with due respect to the gentlemen. Mr. Whitney was a man between 40 and 50 years of age; (Dr. Beales, interrupting, 54.) There has not been a word said of his previous life. He was ill a year, during which time he was under medical care, and we have not heard a word of his history during that period. Now, gentlemen, you can understand very well that a thorough explanation of this man's circumstances and condition during not only his sickness but his previous life, might add much to the facts we have before us. My own opinion is, that a correct and complete statement of his case has not been made on either side. With this exposition, and without giving my own views upon the case, I put the question.

The President resumed the chair, put the question on the motion for an indefinite postponement, which after a division was declared to be lost.

The question recurring on the motion to refer to the section on the Theory and Practice of Medicine, an amendment was offered to refer it to a committee of seven, of which Drs. Green, Mott, and Beales should be members.

Dr. Batchelder thought that those gentlemen should not be on the committee. Let the committee be composed of five, with the understanding that those gentlemen be invited to the investigation. If they are on the committee we shall have a majority and minority report.

Dr. Green said that what he had wished for from the commencement was, that this Academy should have all the facts before them, and that the entire body should decide the question for themselves. He objected to the reference to a committee, but if were to be referred, he preferred it should go to one of the sections. He would much prefer, however, to have it discussed in committee of the whole, and decided if possible. As for himself, he had presented all the facts he had in regard to his treatment of the patient, but there were certain

others in relation to the previous condition of the patient which he could have given, but was deterred through consideration for the patient and his family.

DR. SAYRE inquired if the specimen of the part of the injured larynx could be seen.

DR. MOTT.—It cannot be found.

DR. SAYRE offered an amendment to an amendment already offered.

The PRESIDENT declared that an amendment to an amnndment could not be received.

DR. SAYRE then offered his amendment as a substitute.

That the President also refused to receive.

DR. SAYRE moved, as an amendment, to strike out all after the word "resolved," and insert the following: "Whereas charges have been brought against Dr. Green, a Fellow of this Academy, which have not been substantiated by the post-mortem, or any evidence brought before this body, therefore

"*Resolved*, That in the opinion of this body Dr. Green should be exonerated from any censure, or charge of malpractice in the case of Mr. Whitney, and that the subject be dismissed."

DR. MCNULTY moved an indefinite posponement of the whole subject.

DR. SAYRE.—I hope the Academy will not thus disgrace itself.

We were honored at the last meeting with a statement by the President, that this Academy had risen to so high a position in the public estimation that it was looked up to for an expression of opinion on all subjects relating to the medical profession, and in respect to sanitary regulations at large. We are now arraigned by the—

THE CHAIR.—There is no arraignment.

DR. SAYRE.—We are arraigned before the public! and they expect from us an expression of our opinion, whether the treatment of the local application of nitrate of silver to the air-passages is dangerous or not.

Dr. Beales has stated that it is dangerous and injurious under all circumstances, and this statement has gone to the world as an expression from this Academy—in the face of the fact, that almost every well-educated physician at the present time is in the daily employment of the remedies as suggested by Dr. Green; and the highest authorities in Europe are lauding his method as a boon to mankind. I am in the constant use of it, and, I am satisfied, with the greatest possible benefit. But if I am doing wrong, and am risking the lives of my patients, I want to put a stop to it.

Either Dr. Green killed this man, as is charged, or he did not do it; and it is due to the public, who expect it from us, that we should pronounce upon this matter, either for or against, and not act like cowards, when we have made a charge which we cannot substantiate by a single proof, dodge the question by laying it on the table, or by an indefinite postponement.

Dr. Mott.—As to myself, I am sure I have not made any charge. (Oh! oh! through the house.) I have simply stated that I believed so and so; I have been called upon to do it. Suppose the gentleman died from the result of the treatment: do we not all have cases that are unfortunate?

The truth is simply this—so far as regards the topical application to the larynx and trachea, there is, I suppose, not a physician in fifty that is not an advocate for it, carefully and prudently done; and no doubt it was prudently done by Dr. Green. The view I held up to the family, as Dr. Beales knows, was, that the death was the result of an accident. That accident we supposed might be in the larynx or trachea, but the trouble was below, at the perforation through the pleuræ; and now this resolution would imply that we had censured Dr. Green. We have come here for the purpose of elucidating the case. As regards this case, what could we have done more than give a history of it after we saw the patient. In the post-mortem my duty was to give a faithful statement of the case; and having been brought here through the medium of the press, I thought this was the proper tribunal before which to declare that nitrate of silver did so and so. I repeat, that the resolution of Dr. Sayre would seem to imply censure, as if we had made a set charge, which I say we have not.

Dr. Foy—Then, by a parity of reasoning, the statements now made as to Dr. Green's treatment are entitled to no more consideration than the charge as it appeared at first, which was, that an instrument had been thrust through M. Whitney's larynx.

Dr. Mott—Never!

Dr. Beales—I never had, either directly or indirectly, any communication with the public papers. I deny it.

Dr. Mott—Neither have I.

Dr. Green—I want to ask one question. When the gentlemen found no perforation whatever, knowing, as they must have known, that these charges had got in all the newspapers, why did they not relieve me and the public, by coming out and stating the fact. [Applause.]

Dr. Sayre—I regret that I should be drawn into this matter, par-

ticularly as I shall be compelled to take ground antagonistic to my particular friend, Dr. Mott, to whom I am indebted for so many acts of great personal kindness, and to whom I shall always feel under the deepest personal obligation.

THE CHAIR—Keep to the subject, Doctor; never mind irrelevant matter.

DR. SAYRE—I will, sir! When a Fellow of this Academy is charged with the terrible act of taking another's life, a sense of justice, honor, and truth demands that the charges be investigated.

DR. MOTT—I never made any charge.

DR. SAYRE—Will Dr. Mott be kind enough to read the last two or three lines of his paper. I am informed the charge is made.

DR. MOTT—It is merely an opinion. [Laughter.]

DR. SAYRE—We want no subterfuge. Plain English language has a meaning, and the opinion of Dr. Mott weighs with the world more than that of some of his compeers, and with them is equivalent to a charge; and an expression of that opinion, without our action upon it, will be taken as the opinion of this Academy. That may be Dr. Mott's opinion, but, from all the evidence brought before this Academy, I do not believe it is their opinion—I know it is not mine. I have listened with great attention to the whole of the discussion, and I believe I have a full comprehension of the whole case. I have carefully analyzed the post-mortem report, and it is not most certainly *my* opinion.

I should like to have the opinion of this Academy. Let us examine the evidence upon which they have formed their opinions. In the first place, we have all the symptoms narrated by Dr. Beales. He said there was a choking of the throat, and a swelling around the epiglottis, great difficulty in respiration and deglutition, increasing in fact to suffocation, of which he died. Now, gentlemen, I ask what do these symptoms all mean, if they are not the ordinary symptoms of an abscess in the neighborhood of the pharynx and larynx? I know full well that the emphysema, which arose from the perforated pleuræ, so distended the parts as to render the detection of that abscess almost impossible, except from the rational signs, and by the doctrine of exclusion, and therefore I do not blame them for not discovering it.

But let us examine this post-mortem report! They first assert that externally nothing peculiar was observed—and in the very next sentence they say, "the anterior projection of the thyroid cartilage was more than ordinary," and that an incision through the deep cervical fascia on the side of the thyroid body opened into an abscess as large as an egg, filled with pus, "and ragged shreds of broken-down cellu-

lar tissue." Now, we can all readily see why the thyroid body was so prominently projecting forward—it was on account of this abscess around and behind it; and who does not know that an abscess in that locality, of sufficient size to project the thyroid body forward, is sufficient to close the entrance to the larynx, and thus produce almost instant death; and it was in this way that he did die—according to Dr. Beales, "*rather suddenly*, partly from exhaustion and partly by asphyxia." But we are told that this abscess had a "hole in it, large enough to admit the two fingers, leading into the pharynx." Now, in the horizontal position this must have been at the bottom of the abscess, and I should like to know if any gentleman ever saw a bladder with a hole in the bottom, large enough to admit two fingers, that would hold water, or any other fluid? Consequently I conclude that this hole was made after death, and that had it burst previous to death he would not have been suffocated by it.

Dr. Mott—That is not fair; do me reasonable justice—you could not make such an opening with an instrument.

Dr. Sayre—I am aware of that, but Dr. Mott, and every other surgeon, knows how difficult it is to get out the walls of an abscess without rupturing them, even where we wish to do it with the greatest care, in order to preserve it as a morbid specimen. Who, that has attempted to get out an abscess in the neighborhood of the bladder, does not know how easily it is torn? The tissues being diseased are soft, and almost sloughing, and readily tear without the application of a knife. But I ask in the name of common sense, and in the ordinary principles of philosophy, how could this abscess have retained sufficient pus to push the thyroid body forward, unless its walls had been entire? and consequently I affirm it, as my opinion, that the wound in the pharynx was from a rupture of the walls of this abscess at the post-mortem, and not a tear from Dr. Green's probang, which made the abscess as asserted by Dr. Beales; it was the result, and not the cause of the abscess. So much for the abscess. Now let us pass on further down, and we find the "larynx and trachea perfectly normal, as were the glottis, epiglottis, and surrounding parts;" so much so, in fact, as to attract their attention on account of their perfectly healthy appearance; and here again we have censure passed upon Dr. Green for having applied caustic to these parts, which he had pronounced diseased some weeks before; and now they find no evidence of morbid appearance.

But what do we find in the lung? an abscess the size of a walnut, and most strangely it is found in exactly the place where Dr. Green had diagnosticated one to be the first day he ever saw him, at the same time he observed the erosion of the epiglottis; but to these parts

he had applied his treatment, and with such marked success that both the gentlemen have pronounced them to be as splendid specimens of healthy structure as they ever saw.

DR. MOTT—I would like to ask if the gentleman heard my paper read?

DR. SAYRE—I did not; I was informed by the Secretary that it distinctly charged the death of Mr. Whitney to the treatment of Dr. Green.

DR. MOTT—I never charged him; it was merely an opinion.

DR. REESE—Mr. President, I think I can demonstrate to any man of sound reason without a particle of anatomical knowledge, that there is no justifiable ground for any allegation against either of the gentlemen except what has grown out of the discussion, in which things have been said upon both sides which ought never to have been said.

The critical position to which we have arrived in this discussion prompts me to detain the Academy with a few remarks in advocacy of the action proposed in the resolutions just read. I am unwilling that the free and full expression of opinion in open Academy should be interrupted either by the *reference*, or *indefinite postponement*, or any other form of *gag law;* nor can I consent to any *evasion* of the true issue by any measure short of a decision by this body upon the merits of the whole subject—such as the profession and the public expect and require, and such as Dr. Green demands, as his undoubted right.

Sir, I yield to no man in the respect I entertain for the venerable Dr. Mott, and, until this controversy commenced, my regard for Dr. Beales has been equal to that felt toward other brethren of the Academy. But the grave charge against Dr. Green whom I esteem as equally worthy of his position here, and of the confidence of the profession and the public, constrains me to assume a position antagonistic to both of those gentlemen, because I am persuaded that the facts of this unfortunate case will not sustain them; but when justly considered, will not only exonerate Dr. Green from any, the least participation in the fatal result in the case of Mr. Whitney, but will prove that both Drs. Mott and Beales were more in error, alike in their diagnosis and prognosis, having been at first misled by the patient's censorious denunciations of Dr. Green, which referred all his sufferings to the treatment of the latter gentleman, in terms I care not to repeat.

Mr. President, is it any new thing in your professional experience or mine, to hear physicians accused of killing their patients when sudden and unexpected death has followed their best exertions? Have we not often known surgeons whose patients have unfortunately died

on the table, clamorously charged by surviving members of the bereaved families with butchery and murder? And this, when the duties of both had been performed with the utmost skill and humanity?

Has this Academy ever brought up before it any man on a charge of that sort? Has it ever left its high position to inquire why a man died, because his wife said, or the relatives said, or people said he had been killed by one of its members? And are we to have every member of our body brought up here when an allegation is made by friends or parties interested, implicating him in the death of an individual? I conceive that the declaration of Mr. Whitney, that he had been killed by Dr. Green, is unworthy of notice by the Academy, and deserving of utter contempt, [applause;] and I will say further, that the reiteration of that declaration before the Academy is worthy of equal contempt. [Renewed applause.]

There is an ancient maxim which ought to be introduced into our professional ethics, as it has been into every other kind of ethics, that the most favorable construction possible should be placed on the most unfavorable appearances.

This venerable maxim of ethics has been ignored by both Drs. Mott and Beales in the present case. On learning from the patient that he ascribed his sufferings to Dr. Green's use of the probang, they at once adopted his asseveration, that Dr. Green had killed him; and this on no other evidence than the occurrence of emphysema; and hence joined the outcry against their brother and equal in the profession, even before the death of their patient, instead of suggesting, as they ought to have done, that the patient's suffering and danger might possibly turn out to have some other cause.

But, Mr. President, I propose to show, that had these gentlemen waited for the post-mortem they anticipated, before committing themselves to the theory of the patient, that the trachea or larynx had been "perforated by Dr. Green's probang," they might have escaped the unfortunate dilemma in which they have involved themselves.

The gentlemen concerned must surely now perceive, since the revelations of their own post-mortem, that their theory and that of their patient was disproved, when they not only found no abrasion or perforation in either trachea or larynx, but both organs a "perfect type of health." I submit to the gentlemen themselves, whether they had not then a fitting opportunity at once to proclaim the innocence of Dr. Green of any violence inflicted by his probang, and fully to exonerate him from any direct or indirect agency in causing the death of the patient, which charge they had previously countenanced if not authorized?

Mr. President, is it too much that Drs. Mott and Beales shall consent to this statement of fact—that when they discovered that emphysema in connection with the rumor, that the wind-pipe had been ruptured by the instrument of Dr. Green, it was perfectly natural for them, and would be natural for us to ascribe that emphysema to a wound of the trachea?

Had they at this discovery of the error of their patient and themselves, finding no lesion of the air-passages by the probang, at once acquitted Dr. Green, to the family and friends, of all participation in Mr. Whitney's death, all the public clamor and all the agitation of this Academy would have been prevented. Is it too much to ask that they should admit this error and correct it now? Sir, I do not despair even yet, that these gentlemen may review and retrace their steps, and hence I proceed to remark upon the progress of their secret autopsy; nor can they complain if I infer the *animus* which impelled them, from their manifest purpose to implicate Dr. Green in whatever causes of death they might find; and this after the larynx and trachea were found uninjured, and their anticipations in this respect were disappointed.

Their next exploration was into the throat, to discover what caused the protrusion of the thyroid body and prevented both deglutition and respiration. Behind the larynx and under the deep cervical fascia pus was observed to follow the scalpel, and they report an *abscess* extending a little laterally and posteriorly to the pharynx, which was "as large as a hen's egg." This was a large enough tumor, it seems, to close the œsophagus and reach over to the glottis, and even to bulge forward the trachea and thyroid body, and lead to the exclamation, "the largest larynx and trachea we ever saw."

DR. MOTT.—The trachea did not bulge.

DR. REESE.—Then the protrusion was only an enlarged protraction?

DR. MOTT.—That is all.

DR. REESE.—That won't save the gentleman, because this man was choked to death—he could neither swallow nor breathe. [Laughter.] "His breathing was performed very imperfectly, and deglutition was impossible." If they could not have found out what was the matter while he was living, surely they ought when he was dead. But in the post-mortem they find a cavity which they infer to be an abscess, and deglutition, they say, was obstructed by it. Unluckily, "this abscess had a hole in it large enough to admit two fingers," out of which the pus *ought* to have escaped by the *laws of gravity*. Nothing in it. [Laughter.] It was a cavity containing filamentous tissue. But

surely if it was empty, the tumor as large as a hen's egg could not have choked and suffocated the patient, as it undoubtedly did, unless it broke after death; or, as Dr. Sayre has shrewdly suggested, was opened during the post-mortem, by that hole of two fingers' width having been made by the scalpel—an inference which is authorized in the premises. The most uncharitable inference that could be invented was put upon that circumstance, viz., that that hole had been made by Dr. Green's probang. The abscess was just as much due to my cane as to the probang, and every man here understands it. If any man could be found who believed that an ordinarily prudent physician could, by introducing the probang, produce a rupture sufficient to cause the abscess or cavity that was found in Mr. Whitney, then I will surrender to him all credulity. The introduction of that probang could not by any possibility have produced an abscess in that direction. But as Dr. Green did not wound the larynx, he must have struck the pharynx, for as the doctors had committed themselves to the theory that the patient "died from Dr. Green's treatment," his probang must be the instrument of death. Now, I am persuaded that, except Drs. Mott and Beales, no other member of this Academy can believe this theory, and the profession at large will ignore such medical logic. The abscess was doubtless there before Dr. Green's operation, and accounts for the complaint of being hurt, in the unsuccessful attempt of Dr. Green to enter the fauces, on the morning before the patient's illness. It was not discovered then by Dr. Green, nor in two hours after by Dr. Beales, nor the next day by Dr. Mott, nor suspected by anybody until after the patient was dead!

May I now submit to the gentlemen themselves whether such abscesses do not often occur from *other causes* than the wound of a probang? Have they not seen them? (Dr. Reese here related a recent case and its result.) Is it, then, too much to ask them why they do not now correct their error, and admit that this abscess arose from constitutional causes, or some other morbid agency?

But now the thorax was opened, and behold, an abscess or "cavity" was found in the left lung, a nondescript affair, which, however, confirmed Dr. Green's diagnosis of a pulmonary lesion, made two months before. Both Drs. Beales and Mott insist that this anomalous "cavity" was not tuberculous, as Dr. Green regarded it, but yet it was found at the precise spot that the latter had detected and recorded it.

Then, again, in that anomalous cavity of the lung they found what they supposed was sloughing, which, as there was an *animus* in the

matter, must of course have been produced by Dr. Green's nitrate of silver. An ulcerated degeneration had occurred through the pleura, and now for the first time the source of the mysterious emphysema was disclosed; and the idea was next started, that Dr. Green's injection into the lung of *one and a half grains of nitrate of silver in a drachm of water!* some 15 days before, had occasioned all this chronic mischief; for Dr. Green was to be made accountable for the cause of death wherever it might be discovered. Sir, I am persuaded that every member of this Academy, who has seen or heard the report of this post-mortem, will concur with me, that this pulmonary lesion must have existed for months, perhaps years before, and in a *depraved constitution* was all the while tending by a fearful proclivity to the result, which, by a contingent coincidence, developed itself with the formidable symptoms of collapse which Dr. Beales found on the 14th of December.

Now, was not this ridiculous? Then again, we come to the certificate. Now, in all the courts of England and this country, the certificate of death officially given by the physician was invariably relied on. It is the legal and final record, behind which no judicial tribunal can go, given as it is, on our professional oath. Now what did Drs. Mott and Beales do? It would not do to say that Mr. Whitney died of perforation of the trachea, for there was none. If it was an abscess, then the presumption was that it existed before. If it was rupture of the pleura, then these physicians were in the same position with Dr. Green. What then did they do? Why, they gave a certificate that I would undertake to say was not on record in the statistics of any sanitary office, either in this country or in Europe. I defy you to bring me, from the mortality tables of this or any other country, a single instance in which the cause of death was recorded as effusion into the lungs—and yet that is the certificate. Now, did Dr. Green produce this effusion into the lung? Was it caused by introducing the probang to cauterize the larynx, or was it rupture of the pharynx, or was it caused, if it existed, by that disease of the lungs which must evidently have been of longer standing, must have existed more than a week, a month, and even a year, from their own description? Such a morbid condition as they make out never existed since the creation, unless it resulted from chronic disease, as this undoubtedly did. The effusion of the lungs was, therefore, the consequence of that disease, with which the probang had nothing to do.

Now, they might have given a certificate which would have protected Dr. Green, honored themselves, and screened the profession and

the Academy from public clamor and its consequences. Was it not in the power of these gentlemen to say he died of a complication of diseases terminating in abscess, which caused suffocation? For he died as everybody dies, for want of breath—suffocation. The proposition that he (Dr. R.) would make, was this: that Drs. Mott and Beales were perfectly justifiable in having attributed the emphysema to the rupture of the trachea, from the testimony then in their possession, until they made the post-mortem; and that, having made the post-mortem, they had been satisfied, and were satisfied now, that the man did not die from that cause. Indeed, neither have insinuated that he did. It followed then, inevitably, that if he died from any disease of the trachea, it was not from Dr. Green's treatment. Had they given a certificate to cover that cause, in truth, declaring the facts in the case, and which they could have constructed at their own pleasure, they could have framed it so as to prevent any of the clamor that had been raised; and he thought that they regretted, and saw cause for regret, that they did not take that course. Now, could not this matter be arranged in the Academy without having recourse to the offensive measures proposed in the resolutions? Why not adjust it in a way far more creditable to the Academy, making the resolution more specific, and implicating nobody? He thought it could. He thought it was not asking too much of Dr. Mott or Dr. Beales, to say that the man did not die of any perforation of the trachea. That would put a veto on the scandalous publications that were going through the country.

Now, these gentlemen should say that Mr. Whitney's death might have arisen from other causes. No man ought to say that his disease was only a week old, or ten days old. I have not met the man in the profession who entertains that idea at all. I assert, that the use of the probang is legitimate treatment, endorsed by the highest authorities in the world, both medical and surgical, and why not acknowledge it?

Now, Mr. President, my object is to be a pacificator if I can. The position is not an enviable one to which this Academy is tending. I desire to deliver it, if possible, from its impending danger. I have no preference for any particular form, but I want the Academy to state what it believes to be the truth, viz., that in regard to Mr. Whitney's death no blame can justly be attached to either of the medical men who had his case in charge; though as to the position respectively assumed by these gentlemen towards each other, he was obliged to de-

clare his opinion, that Drs. Mott and Beales had considerably the worst of it.

DR. SAYRE said he had no wish to do injustice to Dr. Mott or Dr. Beales, but inasmuch as they had said boldly that they believed Dr. Green killed the man—

DR. MOTT—O no, no.

DR. SAYRE again asked Dr. Mott to read the last few lines of his statement; he had already asked for it three times.

Some confusion here arose, and several motions made, but not entertained by the chair, or withdrawn, among which was one to lay the whole matter on the table.

DR. SAYRE then proposed to withdraw his resolution, and allow Dr. Reese to present his plan.

DR. REESE said he had no definite proposition to make.

DR. SAYRE was willing, in addition to substituting for "charges" "opinions," to so word his resolution as to exonerate Drs. Mott and Beales, inasmuch as Dr. Reese did not propose a plan.

DR. MOTT—I believe it is before the public (not that we have done it, but it has been done,) that Mr. Whitney's death was owing to our not detecting the abscess, and opening it. Now, I feel that I made that post-mortem report from the best of motives, and with the proper animus. I will always under all circumstances do so, and with a proper regard for professional men. I stated the facts fully and fairly, as Dr. Beales knows, and I do not like that anything should be said which would imply censure of Dr. Beales or myself for not having detected the abscess. I have said enough here probably to satisfy some that it was not in the power of man to detect it. Why should a resolution be passed which shall reflect at all upon us, because the papers have set forth the fact? We never have set forth anything publicly, and but for the indiscretion of some men nothing would ever have gone into the public prints. Neither Dr. Beales nor I have been the author of anything that has appeared in public.

DR. SAYRE—I can fix the resolution in a moment.

DR. MOTT—Don't, I pray, blame me for killing that man, because I have killed enough. [Laughter.]

DR. GREEN—I would have you so word it that blame should fall upon myself, rather than Dr. Mott.

DR. SAYRE—I think Dr. Mott's explanation in regard to the abscess and the emphysema is sufficient. There is now no charge against Dr. Mott or Dr. Beales in the resolution, as modified.

DR. MOTT—I have had my full share of killing, and now, just at

the close of my life, I don't want this case laid at my door. I reciprocate the remark of Dr. Green by saying that if he is disposed to take the charge upon himself, I am sure I would not allow it. He knows I told him at my house not to bring this thing before the public nor the Academy, but to let it pass over in silence. I conjured him to do so. I am not the author of bringing it before the public; on the contrary, I declare at this moment before you all that Dr. Green's friends (he might well say, perhaps, "Save me from my friends!") unfortunately brought this thing before the public. I am the last man to do such a thing. I endeavored to cover it up, until I was driven into a corner.

Dr. Green—Neither myself nor my friends brought it before the public or the Academy. I was called upon for an explanation by the President himself—to give a history of the case. I did so. Several members of the press called upon me for the post-mortem examination. I refused peremptorily, and a gentleman here, a member of the press, will testify to the fact that I refused to allow anything to go from me to the public prints. Nor have my friends ever done anything for me in regard to these publications. The editors have done these things themselves, and neither myself nor my friends have to be blamed for any part in it.

Dr. Francis—One single word. I like the spirit of compromise. The Academy is in a great difficulty. It is obvious to every man in this house—however desirable it would be to have no imputation against Dr. Green; but, on the contrary, perhaps a laudatory expression of his eminent professional career—that this resolution, if passed, would imply censure toward Drs. Mott and Beales. The papers have already pronounced these gentlemen to have been accessory to the death of Whitney. Dr. Green ought not to have been accused as he has been, but entirely exculpated from blame. Nevertheless, if that resolution passes, Drs. Mott and Beales will stand as mischief-making men in the case of Whitney.

Dr. Watson, vacating the Chair, said: I concur in the opinion expressed, that this resolution would be a vote of censure against Drs. Mott and Beales. I felt from the first, that it would not be a proper course to discuss this matter in the manner it has been done. It should have been discussed by gentlemen who understand pathological anatomy, and we should then have had their calm, considerate opinion upon it. We have had a great deal of talking, but no pathology.

Now I feel called upon, under the circumstances, to make a statement concerning the patient's habits of life. Mr. Whitney was in the

habit of drinking to excess in early life. Alcohol, it is known by medical men, will produce disease in the blood-vessels, and, interfering with the circulation, it will occasionally cause gangrene in the extremities of the arteries. Whitney had been sick a year. What ailed him? He had had a cough all that time. He had been under treatment for that cough. Was it a consumptive cough? Certainly not. The pathology, I think, clearly shows that it was not a tubercular disease. The constant habit of drinking prevents tuberculous disease in persons predisposed to it. Whitney lost some brothers by consumption; but, by his habit of drinking, he seems to have changed his diathesis and produced another tendency. I have seen a patient with such a cough go on for months. It is invariably attended with foul breath. Now I have been informed that Whitney was remarkable for a very foul breath. Put, then, these things together—the habit of using intoxicating drinks, foul breath, a cough lasting for many months, and no tuberculosis in the lungs. Take these data, and what is the result to be expected? Circumscribed gangrene of the lungs. This man, therefore, in all probability, has had that circumscribed gangrene of the lungs from the commencement of his cough. That has gone on affecting his breath until he has finally coughed off the gangrenous matter, which has left a cavity behind. That cavity has taken on a cicatrizing process, presenting a surface covered with granulations. The cavity in the lungs, therefore, was, as I suppose, the result of circumscribed gangrene.

And I have seen in post-mortems that very thing. I have seen nearly the whole of one lung sloughed off. Sometimes you will find it entirely so. I examined a man some years ago who died after being under my care. He got well, so far as the gangrened lung was concerned, but he died of some other disease. He had become cured of the local affection; the cavity was in process of contraction and cicatrization.

Now my diagnosis, then, in the case of Whitney, is simply this: For many months he had a disease in the substance of the lungs produced by intoxicating drinks, and there was circumscribed gangrene. This will explain the diagnosis that Dr. Green made when he was first called. He found a cavity in the lungs with mucus in it, if I understand him correctly. It is very easy for a person to suppose, where there is such a cavity, that it was produced by tuberculous disease. Ninety-nine in a hundred would say so. There is no reason to find fault with Dr. Green, provided it was not tubercular disease. Then we know that a man coughing and raising mucus will have a certain amount of turgescence from an excess of blood in the mucous surfaces at the top

of the larynx. It is likely when the Doctor saw this patient he did find this follicular enlargement. The changes might have been caused by the emptying of the abscess in the lung.

With regard to the treatment of Dr. Green, I will say nothing. You will remember, however, that among his recipes are sarsaparilla and proto-iodide of mercury. Those were not remedies for tuberculous disease. Doctor, why did you give syrup of sarsaparilla and proto-iodide of mercury?

Dr. Green—I refrained from stating out of regard to the patient and his family, supposing every medical man would understand why I gave it.

Dr. Watson—That is enough, Dr. ——.

Dr. Watson—I believe every medical man will acknowledge that he has now and then met with an accident which produced death. If, therefore, in introducing this instrument, the doctor might have abraded the mucous membrane or the muscular tissue of the larynx, what of it? If Whitney had been a healthy man it would have healed up; but being of a broken-down constitution the disease went on and produced a sloughy abscess, with constitutional irritation and disturbance in that abscess, which caused a febrile excitement, resulting in an acute bronchitis and affection of the upper lobe of the lungs—all the result of the patient's bad constitution.

I cannot, however, get over the conviction, that unless you charge these gentlemen with direct fabrication, it is proved to an absolute demonstration that there was an abrasion caused by the sponge probang. At the same time I do not cast any blame on Dr Green—it might have been an accident. This is my view of the case.

Dr. A. K. Gardner submitted the following preamble and resolution by way of compromise, which seemed to be regarded as introduced with a view to save the accusers as well as him whom they accused:

Whereas, Various statements made by the public press and otherwise have reflected on the reputation of Dr. Green, and of Drs. Mott and Beales, as having conduced by their treatment to the death of Mr. Whitney; therefore

Resolved, That we, the Academy of Medicine, after a full examination of the reports of the case and the *post-mortem* examination, do consider that his death was in nowise the consequence of improper treatment, but was the unavoidable result of a complication of diseases.

This amendment was accepted by Dr. Sayre, put to the house, and passed by a vote of nearly nine-tenths of all the members—which, on motion of Dr. Francis, was made unanimous.

The Academy then adjourned.

EDITORIAL AND MISCELLANEOUS.

— A most unusual and unparalleled proceeding occupied most of the last three sessions of the Academy of Medicine. A gentleman, a son of one of the wealthiest of the citizens of New York, had been for two months a patient of a physician of this city, whose reputation is of both hemispheres. After one of the visits to this physician's office he was suddenly taken ill, and upon returning home he sent for his former physician. Some alarming symptoms supervening, they were attributed to an operation performed by the first physician, and, from the social position of the family, the opinion of the second, at first cautiously expressed perhaps, soon became a rumor, and passed through all the ramifications of society. The patient finally died, and in the mouths of the people, and even in the opinion of those of the profession who had not heard the real facts of the case, his death was laid at the door of the first physician. The most ridiculous and unheard-of reports were circulated, till at last the rumor found its way within the walls of the Academy, and the hearing of the statements of all the physicians engaged in this case constituted the principal occupation of three of its sittings.

In this number of the MONTHLY will be found a full account of the transactions of the three sessions, as reported in the *Times* and *Tribune*. The accuracy of this report is unquestioned, and it must therefore stand as the actual proceedings of the Academy. It is now history, and will serve in the future to illustrate the condition of medical ethics and medical science in the City of New York in the year 1859.

It is a pertinent question to ask, how came the public so interested in the death of this gentleman? A few words of explanation will add an introductory chapter to the already written history, and will show how soon, in this age of steam presses and eager reporters, everything which catches the ear of rumor is laid bare to the eye of the world.

We now invite the attention of our readers to the proceedings of the Academy, while we present this introductory chapter, for it is so connected with the history of the case that, like the preface of a book, it is suggested by the case itself.

The statement by Dr. Green of the history of the case of Mr. Whitney, as long as he was under his care, tells its own story.

Then follows the statement made by Drs. Beales and Mott, with explanatory remarks by Dr. Beales. From this we learn that the excitement of the patient and his family was intense; that the patient

attributed all his ills to the treatment received from Dr. Green; so positive was he of this, and so sure was his family of it, that had Dr. Green presented himself at the house he would have been met by personal violence. This feeling was not quieted by the family physician, but the excitement was permitted to express itself in violent criminations of Dr. Green. Fifteen hours after his last visit to Dr. Green, emphysema of the neck and face was observed, which gradually extended over a portion of the trunk. The patient was sure Dr. Green had injured his throat, and the emphysema was attributed to this injury. But how was the patient to know that any wound about the throat would produce emphysema? assuredly, only through his attending physician, who could account for it in no other way, and without looking for any other lesion took the intemperate expression of the patient as evidence that the windpipe had been seriously injured. Here, then, was the source of the rumor of perforated windpipe; it was the physician's diagnosis, and no sooner expressed than it was taken up by a hundred tongues, and passed from mouth to mouth with the rapidity with which bad news always flies. Through the whole week of the patient's last sickness this story gained credence. Each day's symptoms confirmed the previous day's rumor. At last the patient died, and a Sunday newspaper in chronicling his death attributed it to the unskillful hand that had perforated the windpipe. Correspondents of papers, from without the city, taking up the hue and cry, which had then become loud and deep, sent abroad their news item, and back from city and village came the echo of death from punctured windpipe. The truth becoming known here, a flat denial was given by one of our city newspapers to this unfounded rumor. Here the matter rested till brought before the Academy.

With one single exception—that just referred to—the newspaper reports were all antagonistic to Dr. Green, so that the "suspicious source" of these rumors must be manifest to all who read the history of this case.

This only in the way of preface. We now come to the consideration of the case itself.

And first of Dr. Green's statement: Oct. 25, Mr. Whitney was examined and operated upon by Dr. Green.

Diagnosis: Tubercular softening under the left clavicle; throat granulated and inflamed; left tonsil slightly enlarged and ulcerated; epiglottis thickened, and its border whitened by a line of erosions. Treatment: "Enlarged and ulcerated portion of tonsil was removed;

pharynx and sub-tonsillary fossæ, and the border of the eroded epiglottis, were cauterized."

This was the treatment pursued on the first day. Oct. 26 and 27 the local treatment by the probang was extended into the glottis. Nothing was done between the 27th October and the 9th November, when treatment was again renewed, to be interrupted till the 18th November. At both of these latter visits the local treatment was the same as that used on Nov. 27. On the 20th Nov. another physical examination was made, and a diagnosis similar to that given on the 25th October was the result. Then followed an interruption of two weeks, when on the 4th December another application to the larynx was made by the sponge probang. Dec. 6th, the gum elastic tube was passed down the larynx and trachea, "and a drachm of the nitrate of silver solution, of the strength of fifteen grains to the ounce, was injected into the left bronchus." Dec. 9th, patient called again, was better, with less cough and diminished expectoration. He desired the tube to be passed, and the injection to be made at this visit. It was not used for reasons stated by Dr. Green. The patient came back on the 14th, his last visit, when the sponge probang was used.

This ends Dr. Green's record. In it we find a diagnosis clear and distinct; a plan of treatment founded on that diagnosis, and consonant with Dr. Green's views.

The sponge probang was used at every visit, with one exception, (Dec. 6,) when the tube and injection was used, much to the patient's satisfaction and relief.

Here commences the record of Drs. Beales and Mott. It is prefaced by Dr. Beales with a distinct avowal of antagonism to Dr. Green, and with a controversial animus, which should be foreign to the discussion of such a subject.

Reviewing the history of the case, as furnished by Drs. Beales and Mott, we find no diagnosis, no evidence that the nature of the difficulty under which the patient suffered was known to the attending physicians; but we do know that their diagnosis was perforated windpipe, from the reports which, as we have already shown, came from the family, and eventually found their way into the daily papers, and were carried into all parts of the country. We know it too from the post-mortem examination, for this perforation was sought for by them, and they expected to find it; a red point in the larynx, a little below the left chorda vocalis, led them to exclaim: "There is the point of laceration of the mucous membrane, by which the air has escaped into the cellular tissue to constitute the emphysema." On close inspection, and

wiping the part with the sponge, no abrasion nor aperture could be discovered.

In all the history we find no record of any examination of the chest having been made, no suspicion of any lesion in that region, no note of any remarkable characteristic in the expectoration; in fact, no evidence whatever that their attention had been directed to the lungs by the symptoms of the patient.

On Dec. 17th, and following days, he is said to have had considerable *mucous* secretion, which interrupted his respiration and gave him great trouble to expectorate, and was referred to the throat.

Impressed with the idea of a punctured windpipe, they could discover no other cause for the emphysema, which appeared early in the morning of the second day, fifteen hours after the last visit to Dr. Green.

Nor do we find any diagnosis of any special lesion in the throat, until the 19th, when we read from the record that "it is certain there is some serious lesion in the vicinity of the glottis," though the character of that lesion is not stated. That lesion they supposed to be a laceration of the windpipe, as we have shown. Early in the morning of the 21st the patient died, according to their record, "partly from exhaustion, partly by asphyxia."

From this we pass to the post-mortem examination. An abscess was found "about the size of a large hen's egg, and extending a little in front of the pharynx, and downward and below the thyroid cartilage. At the upper and posterior part of this abscess there was an opening into the pharynx, large enough to admit the end of the forefinger." The larynx and trachea were declared to be "natural and healthy," without "an abrasion." In the lungs, "just at the root," an open cavity about the size of a small walnut, of a reddish brown color and irregular villous surface, as though a slough had separated. At the upper and anterior part of this cavity there was a small opening through both pleuræ.

The upper lobe of the left lung was mostly in a state of hepatization, and the pleura lying over this part of the lung was covered with "soft, *strumous-like* fibrin," which at first glance was taken for white thick pus.

Two prominent lesions, therefore—an abscess in the pharynx, and a cavity in the left lung, neither of which had been discovered or suspected during life, and a healthy and uninjured windpipe, when a punctured windpipe had been supposed to exist.

In connection with this point we will simply draw attention to the singular incompleteness of the autopsy. Neither the cartilages of the

larynx, nor the vertebræ, nor the intestines, nor any other organ, save the lungs and the internal surface of the larynx and trachea alone, were examined. Yet upon this meagre examination a positive opinion is expressed.

Pursuing this analysis further, but not in the order in which the history of the case was given at the Academy, we reach the certificate of death given by the physician in ordinary, with the advice and consent of the consulting physician, viz.: *Effusion into the lungs.* The certificate given is a sufficient commentary on itself.

This completes the history of the case. In order to regard it from all points, we now propose to take up some of the statements made by Dr. Beales in his additional remarks, and to contrast them with the facts, as given in this short resumé, and with the statements of his colleague. We shall then draw our conclusions therefrom.

About the end of October the patient, who was then under the treatment of another physician for tubercular disease of the lungs, was examined by Dr. Beales, who pronounced his lungs free from tubercles. Here, then, is an error of diagnosis, either on the part of Dr. Green or Dr. Beales. We have seen that Dr. Beales not only made an error of diagnosis in the case already related, but failed to discover the formidable lesions which were the cause of the severe symptoms observed in the case of Mr. Whitney, and which eventuated in his death. A cavity, too, is found in the lungs, just at the point designated by Dr. Green at his first examination, (Oct. 25,) nearly two months previously. If this, then, is a tuberculous cavity, Dr. Green's diagnosis was correct, and Dr. Beales' wrong. That it was a tuberculous cavity Dr. Beales denies, and states his reasons, drawn from the post-mortem. In reply to this Dr. Green quoted an extract from Rokitansky's Pathological Anatomy, giving the exact description of this form of tubercular cavity.

The epiglottis, Dr. Green said, was thickened and eroded at the first examination, and it was cauterized. At the post-mortem it was found "extraordinarily healthy, and free from the slightest vestige of disease." We must conclude from this that the treatment must have been very favorable in its effects. But Dr. Beales thinks otherwise, and says that under the circumstances "I am forced to believe that Dr. Green erred in his diagnosis, and that these various operations were unnecessary and uncalled for." We hardly think this comes with a good grace from one who has fallen into an error similar to that he charges upon another.

Pursuing our reading, we find in the next sentence that Dr. Beales avows his ignorance of the effects of nitrate of silver on the substance

of the lungs, and yet he volunteers an opinion as to its effects, before closing the paragraph.

If he will study the proceedings of the Paris Academy of Medicine he will find that the very operation which he condemns as "at all times attended with extreme peril and risk of the patient's life," is safe, easily performed, and in daily use by the principal physicians of Paris, and commended by such as Trousseau, Depaul, Velpeau, and others in the treatment of some diseases of the air-passages in children. If he will read the periodical medical literature of our own country he will find that the probang is passed daily into and through the larynges of children with the greatest impunity, and with the effect of saving lives in those diseases where, before the the introduction of this method of treatment, the mortality was almost certain. That a solution of the crystals of nitrate of silver, of the strength of 15 grains to the ounce of water, produced an ulceration of the lungs which resulted in a slough, no one, who knows the effects of the solution of the crystals of nitrate of silver, would assert.

That a slough or eschar could have been made at the "root" or apex, or superficies of the lung, by the injected fluid, and the patient exhibit no symptoms of any kind to warrant this assertion during the period of fifteen days which intervened between the operation and his death, we cannot believe. Eight days of this period he was apparently as well as he had been for several months, and even better than usual, according to his own statement.

The position of this "cavity" or "eschar" is badly defined. In the post-mortem it is stated to be "at the root, or at the commencement of the bronchial ramifications;" while Dr. Beales designates it in one place "as a shallow depression or scooping out of the actual apex or superficies of the lung," and in another place "a slough or eschar at the apex of the lung." We cannot reconcile these conflicting statements.

There are some facts in connection with this point of the case which were not presented to the Academy, and which may have some influence, both in illustrating the character of the cavity in the lung, and account for the abscess in the pharynx. For that reason we will introduce them here.

It is known that the injection into the lung was made December 6th. The patient after this was better. It is also known that on the 12th of December he drove a pair of horses some distance into the country on Long Island, dined with a relative, and returned to New York in the evening by the same conveyance. It was remarked that day by his friends that he appeared in better health and spirits than

they had known him to be in for many months. At this very time, according to Dr. Beales, a destructive sloughing of the lung was progressing, and yet no expectoration, no pain, in fact, no symptom to indicate it.

It seems to us that this drive into the country was the starting point of the abscess in the pharynx, which was in its incipiency on the 14th, and therefore the whole pharynx was sensitive to the application of the probang, and yet it was not sufficiently developed to attract attention. This abscess, Dr. Beales says, has been called a *chronic* abscess, and he calls Dr. Green to account for so naming it. We find no record in the whole transactions that this has been so called by Dr. Green or any of his friends, and we conclude that it is, therefore, only a "man of straw" which Dr. Beales has ingeniously set up for the purpose of demolishing, as he attacks this abscess most unmercifully—*on paper*.

Dr. Beales makes another charge against Dr. Green, that on the 14th December "the pharynx was accidentally lacerated by the probang." Into this laceration, says Dr. B., "doubtless portions of the various foreign bodies he attempted to swallow, food and medicine, were forced," and as a result, "sloughy abscess." We find no mention in the post-mortem that any portion of food or medicine the patient had taken were found in this laceration, and "doubtless" this is a mere hypothesis of Dr. Beales, and founded upon the same basis as his assertion relative to the effects of nitrate of silver upon the substance of the lungs.

It would be well to inquire, before making such an assertion, if an instrument introduced into the throat, through the mouth, could be brought into contact with this portion of the pharynx with force sufficient to produce a laceration of the mucous membrane, however slight. For our part, we do not believe it is possible, and the opinion expressed by Dr. Mott would seem to sustain it; for he said in the debate which ensued, that speaking "anatomically, that abscess could not be reached *per orem*—through the mouth;" and in another place, "that any man, knowing the anatomy of the pharynx and larynx, would say immediately that that abscess could not have been got at by the fauces, so as to have been opened." It seems strange to us, then, how Dr. Beales could account for its being produced in the manner he suggests; for if an instrument could reach it to produce it, another assuredly could reach it to open it.

We believe that the theory—for theory alone it is—which Dr. Beales has erected is incorrect unsubstantial, and without a shadow of a foundation.

There are other incongruities in the remarks of Dr. Beales which we shall also point out, for the reason that we believe great injustice has been done Dr. Green by the first false reports, which could have been quieted had the attending physician been so disposed to do—and because these incongruities will show the animus with which Dr. Beales closes his remarks in the following language: "This is all I think it needful to say in answer to these unmerited and disgraceful inuendoes."

And first, of the abscess in the pharynx. This abscess was filled with pus, and destroyed filamentous tissue. It was confined by the deep, dense cervical fascia, and yet so full as to give a remarkable prominence to the thyroid cartilage. How this was possible, with a hole in the abscess as large as the end of the forefinger, is beyond our comprehension. The pressure of the parts alone, not taking into account the horizontal position of the patient, would cause the contents of the abscess to seek an exit wherever the opening might be, while the horizontal position would have favored this flow had there been an opening there previous to the death of the patient. We regard this statement as prima facie evidence that the opening was a post-mortem one, as all who are in the habit of making necroscopic examinations know how easy it is to make accidental incisions when removing hollow organs, and how difficult it is to avoid tearing their walls.

In order "doubtless" to make his case a very strong one, Dr. Beales says that "not the slightest sign of any chronic disease in or about the lung was found;" and further states what was supposed to be unanswerable, "that so striking was this fact, that Dr. Mott told the family after the post-mortem examination that we had not seen any disease that might not have been produced within a week." This, therefore, releases the operation of the catheterism and injection from any participation in the disease of the lung, or places Dr. Mott and Dr. Beales in a position of antagonism; for the operation referred to was performed fifteen days before the death of the patient, and eight before the commencement of his fatal illness.

Another point upon which Dr. Mott and Dr. Beales are at variance, refers to the question of medical ethics and medical courtesy. At the sitting of the Academy of the 5th of January, Dr. Mott said, "that he had proposed, as had Dr. Beales, that Dr. Green should be called in during the progress of this case, which was not assented to by the family." At the sitting of January 19th, Dr. Beales says that "had Dr. Green shown any sympathy for the family, &c., it would have afforded an opportunity to Dr. Mott and myself to have introduced

him. Under the circumstances, it was no pleasant thing to ask permission of the family, and I frankly allow, *we* did not."

Many other incongruities and conflicting statements could be pointed out, but these are quite sufficient to show their value, and to point the moral, which may be drawn from Dr. Beales' closing sentence, already quoted.

Altogether, this is a most curious case in its developments, and those of our readers who have followed us through the analytical argument we have made, from the very words used by the parties, will agree with us, that it was a most unusual and unprecedented proceeding. The unscientific and incorrect certificate of death—the excuse given, that of desire to shield Dr. Green, when all the harm that could reach him had already been accomplished by the thousand vague reports, is a most singular development of the customs and manners of the profession here.

To us the case seems perfectly clear. We do not believe that the lesion in the pharynx, or that in the lung, could in any manner be attributed to the operations of Dr. Green. The abscess in the pharynx might, and probably would, have occurred had Mr. Whitney never seen Dr. Green, nor had his throat operated upon. Several of a similar character, and in nearly the same location, occurred in this city at the same time. The cavity in the lungs, we believe, was a tuberculous cavity situated near the surface of the lung, surrounded by tuberculous hepatization, and by a singular coincidence it burst in an access of coughing into the pleural cavity, causing collapse by the effusion of pus and air into the pleural cavity. From the pleural cavity the air, after a certain time, gradually forced its way through the opening in the costal pleura at the point where the two pleuræ had been slightly adherent, and thus the time intervening between his first collapse and the appearance of the emphysema can be accounted for. This is not an unusual occurrence, and is therefore not a mere hypothetical case.

The opening in the abscess of the pharynx we believe to have been a post-mortem opening, for we find no evidence either in the history of the symptoms or in the progress of the case to warrant us in entertaining the idea that it existed there before.

There are a few thoughts as regards the effect of such a discussion both upon the profession and the public, with which we should like to close our remarks. As, however, we have already taken up considerable space with the subject, we shall defer these to another time, should there be occasion to return to it.

The foregoing remarks were prepared before the last meeting of the Academy, as a resumé of its two previous sittings. We have delayed issuing this number of the MONTHLY, in order to complete the proceedings, which were continued at the first meeting in February. For the purpose of accomplishing this, we have added sixteen pages to our usual issue.

The last sitting of the Academy offers nothing essentially new to remark upon, except the singular method of argumentation employed, and which may be formularized thus:

The abscess in the pharynx was first an abscess which could not have been discovered; and if it had, it could not have been opened; and if it had been opened, it would have been attended with no beneficial results.

Again, this abscess is filled with pus and broken-down filamentous tissue. Then it is no longer an abscess, but a *cavity*, filled with a little pus and disintegrated cellular tissue; and, finally, it is an empty cavity, with a *little pus* at its lower portion, and disintegrated filamentous tissue about its sides.

The lesion in the lung has also its protean characteristics. It is first a cavity, and then a mere scooping out of the superficies of the lung; first at the root, and then at the apex of the lung.

Before finally dismissing this subject, we have one word to say relative to Dr. Watson's theory. We believe it to be untenable, from his own showing. We take him at his word, that the lesion in the lung was of long duration; not of a week, nor a month's standing. Why should it be the result of gangrene? Because the patient was in the habit of drinking to excess in early life; because he had a cough and foul breath. This is insufficient ground for such a theory, particularly when we learn, as Dr. Watson states, that several members of his family had died of tubercular disease of the lungs. The reply to Dr. Watson's question relative to the medical treatment employed by Dr. Green, is another reason for us to doubt the correctness of Dr. Watson's theory. It is evident that there was a cachexia established in this patient, which very frequently terminates in tubercular disease. There is no necessity, then, for seeking for an unusual occurrence to account for his symptoms. The foul breath (which was not remarked before) and cough can be accounted for far more easily than by supposing a gangrene of the lung. From the history of the patient, then, from the history of his symptoms, and from the post-mortem appearances even, the inevitable conclusion to our minds is, that the lesion of the lung was a tubercular lesion. J. H. D.

To the Subscribers to the N. H. Journal of Medicine

Circumstances have rendered it expedient to suspend the publication of the *Journal*, and in taking leave of my readers I beg to recommend to their notice a journal which I regard as giving more practical information for the same money than any other; I refer to the "AMERICAN MEDICAL MONTHLY," edited by Dr. Edward H. Parker, (the first editor of the N. H. Journal,) and Drs. J. H. Douglas, of New York, and L. H. Steiner, of Baltimore. At my request, specimen copies will be furnished to the subscribers to the N. H. Journal, and I will receive and remit any subscriptions which may be sent to me, in any case when it is more convenient than to remit to New York direct.

GEORGE H. HUBBARD.

Manchester, N. H., Jan. 1859.

Books and Pamphlets Received.

A Treatise on Fractures. By J. F. Malgaigne, &c., with 106 illustrations. Translated from the French, with Notes and Additions, by John H. Packard, M.D. Philadelphia: J. B. Lippincott & Co. 1859.

Practical Dissections. By Richard M. Hodges, M.D., &c. Cambridge: John Bartlett. 1858.

Contributions to Operative Surgery, and Surgical Pathology. By J. M. Carnochan, M.D., Prof., &c. With illustrations, drawn from nature. Part 2. Philadelphia: Lindsay & Blakiston. 1858.

A Treatise on Human Physiology, designed for the use of Students and Practitioners of Medicine. By John C. Dalton, M.D., Prof., &c. Philadelphia: Blanchard & Lea. 1859.

The Physician's Visiting List, Diary and Book of Engagements, for 1859. Philadelphia: Lindsay & Blakiston.

The Physician's Hand-Book of Practice, for 1859. By William Elmer, M.D. New York: W. A. Townsend & Co.

Braithwaite's Retrospect of Practical Medicine and Surgery. Part 38. Philadelphia: Lindsay & Blakiston. 1859.

Report on Moral Insanity in its Relations to Medical Jurisprudence. By D. Meredith Reese, M.D., LL.D., &c. (From the author.)

Report on the Nervous System in Febrile Diseases, and the Classification of Fevers by the Nervous System. By Henry Fraser Campbell, A.M., M.D., &c. (From the author.)

Report on the Functions of the Cerebellum. By E. Andrews, M.D. (From the author.)

Report on the Treatment best adapted to each variety of Cataract. By Mark Stephenson, M.D. (From the author.)

Observations on Malarial Fever. By Joseph Jones, M.D., &c. (From the author.)

Transactions of the Am. Medical Association. Vol. IX., 1858.

Archives of Medicine. Edited by Lionel P. Beale, M.D. No. 3. London: John Churchill.